

N9800005100

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
FCCI MUTUAL INSURANCE HOLDING COMPANY

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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C. GOLDEN

OCT 24 2018



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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FCCI MUTUAL INSURANCE HOLDING COMPANY  
Name of Corporation

DOCUMENT NUMBER: N98000005100

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaclyn Wright

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

lpike@fcci-group.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaclyn Wright

Name of Contact Person

at ( 888 ) 705-7274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FCCI MUTUAL INSURANCE HOLDING COMPANY
2. The principal office address: 6300 UNIVERSITY PARKWAY, SARASOTA, FL 34240
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/08/1998 Document number: N98000005100

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KOVAL, THOMAS A  
6300 UNIVERSITY PARKWAY  
SARASOTA, FL 34240

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.  
155 Office Plaza Dr., Suite A  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Christina Welch  
Signature of an officer or director

Christina Welch Corporate Secretary  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

10/23/2018  
Date

If signing on behalf of an entity:  
Justine Karnell - Assistant Secretary  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*