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CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 465640 7914004

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 19, 2012

ORDER TIME : 10:48 AM

ORDER NO. : 465640-001

CUSTOMER NO: 7914004

CHANGE OF AGENT

NAME: AMERICAN TRANSPORTATION  
INSURANCE GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

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: AMERICAN TRANSPORTATION INSURANCE GROUP, INC.
2. The principal office address: 1507 Park Center Drive Unit 1C Orlando FL 32835
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/14/2003 Document number: P02000060075
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)

Thompson, Charles

1507 Park Center Dr Unit 1c

Orlando FL 32835

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Deb Reeves  
Signature of an officer or director

Deb Reeves, Vice President

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.

Corporation Service Company  
By: Sarah Wright  
Signature of Registered Agent

12/17/2012

Date

If signing on behalf of an entity:

Sarah Wright, Asst Vice President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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