

P02000097441

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -7 PM 3:05

(Requestor's Name)

Burnside Insurance Group, Inc.
P.O. Box 666
Palm City, FL 34991

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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John Burnside gave Authorization
to correct the R.A. #55 & 6
4/16 ZB



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RA Address Chg.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Burnside Insurance Group, Inc.
(Name of corporation)

DOCUMENT NUMBER: P02000097441

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:

John David Burnside
(Name of person)

Burnside Insurance Group, Inc.
(Name of firm/company)

P.O. Box 666
(Address)

Palm City, Florida 34991
(City/state and zip code)

For further information concerning this matter, please call:

John David Burnside at (772) 219-1427
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Burnside Insurance Group, Inc.
2. The principal office address: 4645 SW Lorne Court, Palm City, Florida 34990
3. The mailing address (if different): P.O. Box 666, Palm City, Florida 34991
4. Date of incorporation/qualification: September 09, 2002 Document number: P02000097441
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~Burnside Insurance Group, Inc.~~ John D. Burnside
2620 SW Greenwich Way
Palm City, Florida 34990

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

~~Burnside Insurance Group, Inc.~~ John D. Burnside
4645 SW Lorne Court
(P.O. Box or personal mailbox NOT acceptable)
Palm City, Florida 34990

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.

John David Burnside
(Signature of an officer, chairman or vice chairman of the board)

John David Burnside, 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.

John David Burnside
(Signature of Registered Agent)

4/3/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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

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