

PD3000084475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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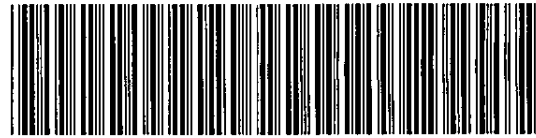
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brightway Insurance, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000084475

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:

Stephen D. Moore Jr., VP

Name of Contact Person

Smith Hulsey & Busey, Professional Association

Firm/Company

225 Water Street, Suite 1800

Address

Jacksonville, Florida 32202

City/State and Zip Code

smoore@smithhulsey.com

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

For further information concerning this matter, please call:

Stephen D. Moore Jr, VP

Name of Contact Person

at (904) 359-7700

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

**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: Brightway Insurance, Inc.
2. The principal office address: 3733 West University Boulevard, Suite 100, Jacksonville, Florida 32217
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/01/2003 Document number: P03000084475

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)

Nolan, James A., Esquire

50 North Laura Street, Suite 1100

Jacksonville, Florida 32202

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

Smith Hulsey & Busey, Professional Association

Attn: Stephen D. Moore, Jr., VP

P.O. Box NOT acceptable

225 Water Street, Suite 1800, Jacksonville, Florida 32202

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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.


Signature of officer or director

Bob Taylor, CFO, Treasurer

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

06/30/2015

Date

If signing on behalf of an entity:

Stephen D. Moore, Jr., Vice President
Typed or Printed Name

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