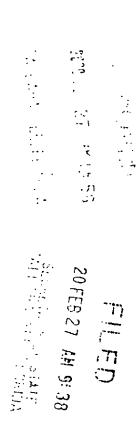
PH000113913

(Re	equestor's Name)			
(Ac	ddress)			
- (Ac	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



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115 N CALHOUN ST., STE. 4 FALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:(02/27/2020	
Name:	Merritt Walker	<u> </u>
Reference #:	1192593	<u> </u>
Entity Name:	ACH INS	SURANCE, INC.
Article:	s of Incorporation/Authorizatio	n to Transact Business
☐ Amend	dment	
✓ Chang	e of Agent	
Reinst	atement	
☐ Conve	rsion	
☐ Merge	r	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar	mount: \$35	
Signature:	<u>uw</u>	

+44 (0)20.3961.3080



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Account#: I20000000088

Date: 02	2/27/2020	
	Merritt Walker	
Reference #:	1192593	<u></u>
	ACH IN	SURANCE, INC.
☐ Articles	of Incorporation/Authorization	on to Transact Business
Amendm	nent	
Change	of Agent	
Reinstat	ement	
☐ Convers	ion	
☐ Merger		
Dissoluti	on/Withdrawal	
Fictitious	s Name	
Other		
Authorized Amo	ount: \$35	
Signature:	. Mu)	

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

statement of cha	provisions of sections 60 nge is submitted for a co to change its registered	rporation organiza	ed under the laws o	f the State o	Florid		
1. The name of the corporation:			ACH Insurance, Inc.				
2. The principal	office address:						
<u> </u>	777 E. Altamonte Drive		Altamonte Springs		FL	3270	1
3. The mailing a	ddress (if different): 2054 Vista Parkway, S			11			
4. Date of incorporation/qualification: 08/04/2004			Document number:		P04000113973		
	street address of the curi tment of State: (If resigna			ffice on file	with the	- ·-	
		L Hall		_	20		
		777 E. Altam	onte Drive			EB3	•
	Altamonte S	Springs	FL	32701		27	- i
6. The name and (if changed):	street address of the new	registered agent (•	registered o	office C	AH 9: 38	ر ا ا
	115 i	North Calhoun St	reet. Suite 4				
		P.O. Box NOT acc			_		
	Tallahas	see	Florida	32301	_		
	ss of its registered office be identical. s authorized by resolutic e board, or the corporati					l agent,	
authorized by th	e board, or the corporati	on has been notifi	_	_	350 m	111	
I hereby occept to I further agree to performance of to agent. Or, if this	the appointment as regis of appointment as regis of appointment as regis only duties, and I am family document is being filed that the corporation has	i merely to reflect	gree to act in this series to the properties of the properties of the obligation a change in the re	yped name and to capacity, oper and co of my positions of any positions.	mplete m as reviste	r red	
Kaleigh	Joodman ature of Registered Agent		0	1/22/2020			
If signing on bel				Date			
	CY GLOBAL INC.						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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