

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000062277

FILED
Jun 06, 2011
Secretary of State

Entity Name: VISIONARY INSURANCE GROUP, INC.

Current Principal Place of Business:

820 ALBEE RD.
SUITE 5
NOKOMIS, FL 34275

New Principal Place of Business:

807 US 41 BYPASS S.
SUITE A
VENICE, FL 34285

Current Mailing Address:

820 ALBEE RD.
SUITE 5
NOKOMIS, FL 34275

New Mailing Address:

807 US 41 BYPASS S.
SUITE A
VENICE, FL 34285

FEI Number: 20-2746774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLAIN, LOGAN
820 ALBEE RD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

CHAMBERLAIN, LOGAN V III
807 US 41 BYPASS S.
SUITE A
VENICE, FL 34285 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOGAN V CHAMBERLAIN III

06/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHAMBERLAIN, LOGAN V III
Address: 807 US 41 BYPASS S. SUITE A
City-St-Zip: VENICE, FL 34285

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOGAN V CHAMBERLAIN III

P

06/06/2011

Electronic Signature of Signing Officer or Director

Date