

P05000067574

Florida Department of State  
Division of Corporations  
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**REGISTERED AGENT CHANGE**  
**BOWDITCH INSURANCE CORPORATION**

Certificate of Status	0
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Corporate Filing Menu

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*PAO 7/31/09*

**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: Bowditch Insurance Corporation
2. The principal office address: 101 Century 21 Drive, Suite 200  
Jacksonville, FL 32216
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/7/2005 Document number: P05000067574
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)

Kendall Spencer

100 South Orange Ave, Suite 100

Orlando, FL 32801

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 an officer or director

William P. Crawford, Jr. - DVC

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.*

C T Corporation System

By: Michael Seraphin  
Signature of Registered Agent

7/29/09  
Date

If signing on behalf of an entity:

Michael Seraphin Asst. Secretary

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

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