

P08000082475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

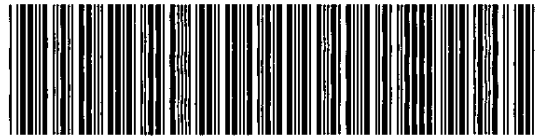
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200157026552

06/12/09--01040--017 **35.00

FILED
09 JUN 12 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/18/09
RACH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Church Insurance & Financial Services of Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000082475

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:

Margie Emch

Name of Contact Person

Church Insurance & Financial Services of Florida, Inc.

Firm/Company

600 East Cuyahoga Falls Avenue

Address

Akron, Ohio 44310

City/State and Zip Code

margiee@churchagency.com

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

For further information concerning this matter, please call:

Margie Emch

Name of Contact Person

at (330) 733-1800 ext 122

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: Church Insurance & Financial Services of Florida, Inc.
2. The principal office address: 13940 US 441 Bldg 900 Suite 906 The Villages, Florida 32159
3. The mailing address (if different): 600 East Cuyahoga Falls Avenue Akron, Ohio 44310
4. Date of incorporation/qualification: 09/08/2008 Document number: P08000082475
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)

Maruschak, Brian
13940 US 441 Bldg 900 Suite 906
The Villages, Florida 32159

FILED
09 JUN 12 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Maloney, Dale
125 S. Swoope Avenue Suite 210
Maitland, Florida 32751

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

John E. Mitchell, 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.

Signature of Registered Agent

06/08/2009
Date

If signing on behalf of an entity:
DALE W. MALONEY
Typed or Printed Name

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