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(A	ddress)				
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(6	ity/State/Zip/Phon	- 1 0			
(C	ity/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(В	usiness Entity Na	me)			
(D	ocument Number))			
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				





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03/04/16--01013--028 **35.00

2016 MAR - 4 P 2: 53 SECRETARY OF STAR





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: March 2, 2016

Order#: 030049/007

Re: NEPTUNE INSURANCE AGENCY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617 nge is submitted for a corporation o r to change its registered office or re	organized under the la	ws of the Sta	te of <u>F</u>	lorida	his ———
1. The name of t	he corporation: NEPTUNE INSURA	NCE AGENCY, INC.				
	office address: 1929 Allen Parkway					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 05/13/2010	Document	number: P1	000004	11485	
	street address of the current registe tment of State: (If resigned, enter re		ed office on	file wit	h the	
	National Corporate Research, Ltd.	., Inc.	. <u></u>			
	115 North Calhoun St., Suite 4	_				
	Tallahassee	FL	32301			
6. The name and (if changed):	street address of the new registered	l agent (if changed) ar	nd /or registe	red offi	ice	
	Corporation Service Company			14 SE	2016	
	1201 Hays Street				2016 MAR	
	P.O. Box	x NOT acceptable	32301	SSEC OF	Ė	
The street addre	ess of its registered office and the s be identical.	treet address of the bu	usiness offic	of its	register	ed agent,
	as authorized by resolution duly add the board, or the corporation has been				4 5 1	
	re of an officer or director		EPLES ted or typed nam			<u>'E S</u>
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been noting Service, Company	nt and agree to act in I statutes relative to to	this capacit he proper ar	ty. id comp	olete as regis	stered s, I
By:	nature of Registered Agent		02/22/2016 Date			_
Ĩ	half of an entity:		******			
	Assistant Vice President					
T	yped or Printed Name					

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