

P23756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

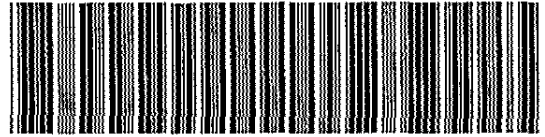
(Document Number)

Certified Copies _____

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07 FEB 19 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4500 San Pablo Road
Jacksonville, Florida 32224
904-953-2000

February 14, 2007

Via Certified/Return Receipt Mail

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Statement of Change of Registered Office/Agent

To Whom It May Concern:

I enclose two (2) sets of Statements of Change of Registered Office/Agent (specifically, only name change of Registered Agent) with cover letters as follows:

- 1.) Mayo Insurance Company Limited (MICL) (Cover letter, Statement of Change, Check # 2371212 in the amount of \$35, and Notice to Board); and
- 2.) Mayo Collaborative Services, Inc. (MCSI) (Cover letter, Statement of Change, Check # 2371213 in the amount of \$35, and Notice to Board).

I look forward to receiving confirmation. If any questions, please contact me at (904) 953-2383.

Sincerely,

A handwritten signature in cursive script that reads 'Ellen Lord'.

Ellen Lord
Legal Assistant

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mayo Insurance Company Limited
(Name of Corporation)

DOCUMENT NUMBER: P23756

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:

Ellen Lord, Legal Assistant
(Name of Contact Person)

Mayo Clinic - Jacksonville
(Firm/Company)

4500 San Pablo Road
(Address)

Jacksonville, FL 32224
(City/State and Zip Code)

For further information concerning this matter, please call:

Ellen Lord, Legal Assistant at (904) 953-2383
(Name of Contact Person) (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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mayo Insurance Company Limited
2. The principal office address: P.O. Box 1051 6T, First Caribbean
House 3rd FL, Shedden Rd, Grand Cayman, Cayman
3. The mailing address (if different): — Same — Island.

4. Date of incorporation/qualification: N/A Document number: P23756

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joanne L Martin
4500 San Pablo Road
Jacksonville, FL 32224

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

Stephen P. Nelson, Esq.
c/o Mayo Clinic Jacksonville
4500 San Pablo Road
(P.O. Box NOT acceptable)
Jacksonville, FL 32224

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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]
(Signature of an officer or director)

Jonathan T. Oviatt
(Printed or typed name and title)
Assistant Secretary

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]
(Signature of Registered Agent)

1/4/2007
(Date)

If signing on behalf of an entity:

Stephen P. Nelson, Esq.
(Typed or Printed Name)

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

NOTICE TO THE BOARD OF CHANGE OF REGISTERED AGENT

MAYO INSURANCE COMPANY LIMITED

In accordance with *Florida Statutes* regarding a change of Registered Agent for a corporation, this hereby serves as Notice of the following:

- A. Mayo Insurance Company Limited is a corporation with its current Registered Agent in the State of Florida as Joanne L. Martin.
- B. A Statement of Change of Registered Agent is being filed with the Florida Division of Corporations with the new Registered Agent as Stephen P. Nelson.

Dated: 1.16.07

MAYO INSURANCE COMPANY LIMITED

By: _____



Jonathan J. Oviatt, Assistant Secretary