Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

**Electronic Filing Cover Sheet** 

(((H180002236703)))



H180002236703ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

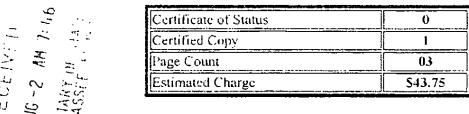
Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## REGISTERED AGENT CHANGE MAG MUTUAL INSURANCE COMPANY



Help

Electronic Filing Menu Corporate Filing Menu

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

statement of chan	provisions of sections 607.0502, 617.0502, 607.1508, or 617.150 nge is submitted for a corporation organized under the laws of the r to change its registered office or registered agent, or both, in the	he State of GA
1. The name of th	he corporation: MAG MUTUAL INSURANCE COMPANY	
2. The principal o	office address:	
3. The mailing ad	ddress (if different):	
4. Date of incorpo	poration/qualification: 09/28/1992 Document number	r: P40806
	street address of the current registered agent and registered offic tment of State: (If resigned, enter resigned)	ee on file with the
(	Canterbury, Steve	
- -	8427 Southpark Circle #130 Orlando, FL 32819	
6. The name and : (if changed):	street address of the new registered agent (if changed) and /or re	· N
•	C.T. Corporation System	🚉 🖹
-	c/o C.T Corporation System, 1200 South Pine Island Road	
_	P.O Box NOT acceptable	
1 -	Plantation, Florida 33324	
The street addres as changed will b	ss of its registered office and the street address of the business be identical.	office of its registered agent,
Such change was authorized by the	s authorized by resolution duly adopted by its board of director e board, while corporation has been notified in writing of the c	s or by an officer so hange.
	Jennifer Kurz Vice Pres	
I hereby accept to I further agree to performance of agent. Or, if this hereby confirm th	Finted or type the appointment as registered agent and agree to act in this can infomply with the provisions of all statutes relative to the prop by duties, and I am familiar with and accept the obligation of it is document is being filed merely to reflect a change in the regis that the corporation has been notified in writing of this change, to this by stem	ny position as registered stered office address, f
By:	8/1/2018	
	Alfred Younan	ite
If signing on beh	Assistant Secretary	
Тур	ped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasset, FL 32314 CR2E045 (03/12)