P94000050827

(Re	equestor's Name)	
, (Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
. (Do	ocument Number)	
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C. Coulliette DEU 1 9 2006



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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid hange is submitted for a corporation organized under the laws of the State (
	ler to change its registered office or registered agent, or both, in the State (
1 771	f the corporation: FLORIDA STATE AGENCY, INC.	
1. The name of t	al office address: 350 East 96th Street, Indianapolis, IN 46240	
2. The principal	al office address:	
3. The mailing a	address (if different): 62 Maple Ave., Keene, NH 03431	
4. Date of incorp	prporation/qualification: 07/07/1994 Document number: P940	00050827
	nd street address of the current registered agent and registered office on file artment of State:	with the
	C T Corporation System	
	1200 S. Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered	FIL 2006 DEC 19 SEURETARY TALLAHASSE
	Corporation Service Company	FIL ETARY AASSI
	1201 Hays Street	<u> </u>
	(P.O. Box NOT acceptable)	PH 2
	Tallahassee, FL 32301	2: 0 STATE LORID
The street address changed will	lress of its registered office and the street address of the business office of the identical.	of its registered agent,
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so
Mrain	Maureen Cullen, Attorney in Fa	act
I hereby accept I further agree of my duties, an document is bei corporation has	ature of an officer or director) of the appointment as registered agent and agree to act in this capacity, et to comply with the provisions of all statutes relative to the proper and and I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I have been notified in writing of this change.	<i>'</i>
Corporation By:	on Service Company 12/19/01	
- Cyrising	Signature of Registered Agent) (Date)	
If signing on be	pehalf of an entity:	
	awson, Asst. Vice President	
(1	(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 CR2E045 (8/05)