PHODONS

(Re	equestor's Name)					
(Ad	ldress)					
(Address)						
(Cit	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	e)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					

Office Use Only



100322054441

12/20/18--01021--010 *#35.00

JAN 0 5 2019 S. YOUNG



CSC - WILMINGTON * .. 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 18, 2018

Order#: 539710/296

Re: WILLIS OF FLORIDA, INC.

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$35

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:Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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 nge is submitted for a r to change its registe	corporation organ	ized under the la	ws of the State of	Florida
-				•	
The name of the corporation: WILLIS OF FLORIDA, INC. The principal office address: 4211 W. Boy Scout Boulevard, Suite 1000, Tampa, FL 33607					
3. The mailing a	ddress (if different):_				
4. Date of incorp	poration/qualification	12/23/1994	Document	number:P94000	0092852
	street address of the tment of State: (If res			ed office on file v	vith the
	C T Corporation Sys	stem			
	1200 South Pine Isla	and Rod			18 C
	Plantation		FL	33324	FIL PRO 2
6. The name and (if changed):	street address of the	new registered ager	nt (if changed) ar	id /or registered o	
	Corporation Service	Company		 -	1. 59 1. 59 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	1201 Hays Street				
	Tellebassas	P.O Box NOT	•	22201	_
	Tallahassee		FL	32301	, -
The street addre	ess of its registered of be identical.	ffice and the street	address of the bu	isiness office of i	ts registered agent.
Such change wa authorized by th	is authorized by resolue board, or the corpo	ution duly adopted oration has been no	by its board of o	directors or by an of the change.	officer so
Xiel	2 GOM	i	Jill Cilmi, Vice	President	
Signatu	re of an officer or director		Print	ed or typed name and to	itle
I Surthif agree to performance of agent. Or, if the hereby confirm	the appointment as r to comply with the pr my duties, and I am j is document is being that the corporation n Service Compa	ovisions of all statt familiar with and a filed merely to refl has been potified it	ites relative to th ccept the obligat ect a change in t	ne proper and con tion of my position he registered offi	n as registered
By: Ce	ins	el	12/17/2018		
Sign	nature of Registered Agent			Date	
If signing on be	half of an entity:				
Ami M. Casper,	Asst. Vice President				
T	yped or Printed Name				

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