## P95000074275

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(Ac	Idress)	<u></u>
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(Cì	ty/State/Zip/Phone	e #)
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R-A. Charge C. Common AUG 1 2 2008



ON SERVICE COMPANY.				
ACCOUNT NO. : 072100000032				
REFERENCE : 678852 7296128				
AUTHORIZATION: Smelle le man				
COST LIMIT : \$3.5%.00				
ORDER DATE : August 7, 2008				
ORDER TIME : 9:50 AM				
ORDER NO. : 678852-032				
CUSTOMER NO: 7296128				
CHANGE OF AGENT				
NAME: BRISTOL WEST INSURANCE SERVICES, INC. OF FLORIDA				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Heather Chapman EXT# 2908				
EXAMINER:				

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi er to change its registered office or registe	zed under the laws of the State of F	lorida		
1. The name of	the corporation: BRISTOL WEST I	NSURANCE SERVICES, I	NC. OF	FLORI	<u>D</u> A
	office address:ling Road, Attn: Gregory Hamn				_
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 09/25/1995	Document number: P950000	)74275		_
	d street address of the current registered agetment of State:	ent and registered office on file with	the		
	Gregory Hammond, Esq.			<i>^</i> .	
	5701 Stirling Road		₽s.	_	
	D ' ET 22214		ECRE	08 AUG 12	í
6. The name and (if changed):	d street address of the new registered agent		Ği≺		
	Corporation Service Company		FL(	- 0	j
	1201 Hays Street		OF STATE	5 8	
			>		
	Tallahassee, FL 32301				
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its r	egistered a	agent,	
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	fficer so		
	la—				
I hereby accept I further agree of my duties, an document is bei corporation has  By:	the appointment as registered agent and to comply with the provisions of all statudd I am familiar with and accept the obling filed merely to reflect a change in the sbeen notified in writing of this change. tion Service Company	(Printed or typed name and title d agree to act in this capacity, tes relative to the proper and compligation of my position as registered at registered office address, I hereby (08/01/2008)	•	mance if this at the	
	chalf of an entity:	(Daily)			
	Dawson, Asst. Vice Pres.				
	Typed or Printed Name)				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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