

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
12 JAN - 6 AM 10:34
TALLAHASSEE FLORIDA
SECRETARY OF STATE

REGISTERED AGENT CHANGE
ZENITH INSURANCE MANAGEMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Electronic Filing Menu

Corporate Filing Menu

Help



January 9, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ZENITH INSURANCE MANAGEMENT SERVICES, INC.
C/O ZENITH INSURANCE COMPANY
21255 CALIFA STREET
WOODLAND HILLS, CA 91367

SUBJECT: ZENITH INSURANCE MANAGEMENT SERVICES, INC.
REF: P97000105859

RECEIVED
JAN 10 2012
1/6

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct incorporation date, block #4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: B12000005693
Letter Number: 512A00000447

RECEIVED
12 JAN -9 AM 8:11
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Zenith Insurance Management Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000105859

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:

Bennett Katz

Name of Contact Person

Zenith Insurance Company on behalf of Zenith Insurance Mgmt Services, Inc.
Firm/Company

21255 Califa St.

Address

Woodland Hills, CA 91367

City/State and Zip Code

bkatz@thezenith.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bennett Katz

Name of Contact Person

818

251-8088

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

CR2B045 (8/05)


**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 Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Zenith Insurance Management Services, Inc.
2. The principal office address: 1390 Main Street
Sarasota, FL 34236-5642
3. The mailing address (if different): c/o Zenith Insurance Company
21255 Califa St., Woodland Hills, CA 91367
4. Date of incorporation/qualification: 12/17/1997 Document number: P97000107839
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)
Corporation Service Company
1201 Hays Street
Tallahassee FL, 31301, US T
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

 Hyman Joe Lee Jr., Secretary
Signature of an officer or director Filled or typed name and title

*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.*

By:  1-6-2012
Signature of Registered Agent Date

If signing on behalf of an entity:

Donald Boadway
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)

FILED
12 JAN -6 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA