

P98000026443

Akerman, Senterfitt  
Requestor's Name

216 S. Monroe Suite 200  
Address

Tallahassee FL 32301 Phone # 322-3471  
City/State/Zip Phone #

FILED  
98 APR 15 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) (Document #) 700002488757--5  
-04/15/98--01002--010
2. \_\_\_\_\_ (Corporation Name) (Document #) \*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_ (Corporation Name) (Document #) RA
4. \_\_\_\_\_ (Corporation Name) (Document #) change

- ☒ Walk in ☒ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment Name Availability
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

4/15/98  
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was told by Lem Turley to leave RA as Insurance Commissioner instead of changing to State Treas & Insurance Comm

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1a. The name of the corporation is: Atlantic Preferred Insurance Company

1b. The mailing address of the corporation is : 105 E. Robinson Street, Suite 201,  
Orlando, Florida 32801

1c. Date of incorporation: March 20, 1998 Document number: 998A00015227

2. The name and address of the current registered agent and office:

Thomas R. Allen

105 E. Robinson Street, Suite 201

Orlando, Florida 32801

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

State Treasurer and Insurance Commissioner

The Capitol

Tallahassee, Florida 32399-0300

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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.

Roberta J. Hopkins  
(Signature of an officer, chairman or  
vice chairman of the board)

3/23/98  
(Date)

Roberta J. Hopkins

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

STATE TREASURER AND INSURANCE COMMISSIONER

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

STATUTORY LAW

(Typed or Printed Name)

(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314