

511143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

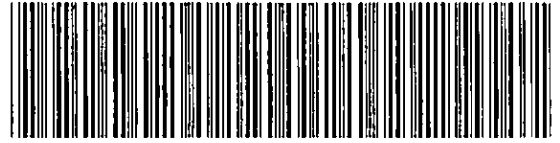
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUL 19 AM 9:29
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TALLAHASSEE, FLORIDA

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JUL 22 2024

A RAMSEY

CT CORP
(850) 656-4724
3458 Lakesore Drive
Tallahassee, FL 32312

Date: 07/19/2024

Acc#120160000072

eric DW

Name:	Auto Club South Insurance Company
Document #:	
Order #:	15773928

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **43.75**

Thank you!

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: AUTO CLUB SOUTH INSURANCE COMPANY

2. The principal office address: 9125 Henderson Road Tampa, FL 33634

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/14/1990 Document number: S11143

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)

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chief Financial Officer
200 E. Gaines St.
Tallahassee, FL 32399-0000
P.O. Box NOT acceptable

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TALLAHASSEE, FL 32399


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.


Signature of an officer or director

John Bruno, Secretary
Printed 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: 
Signature of Registered Agent

07/18/2024
Date

If signing on behalf of an entity:
Eric Carlson
Typed or Printed Name

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