

371712

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

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

Email Address: _____

REGISTERED AGENT CHANGE
FCCI INSURANCE GROUP, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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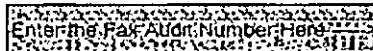
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FCCI INSURANCE GROUP, INC.
Name of Corporation

DOCUMENT NUMBER: S71712

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:

Jaclyn Wright

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

lpike@fcci-group.com

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

For further information concerning this matter, please call:

Jaclyn Wright

Name of Contact Person

888 705-7274

at (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

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**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: FCCI INSURANCE GROUP, INC.
2. The principal office address: 6300 UNIVERSITY PARKWAY, SARASOTA, FL 34240
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/08/1991 Document number: S71712

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)

KOVAL, THOMAS A
6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr., Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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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, or the corporation has been notified in writing of the change.

/s/ Christina Welch

Signature of an officer or director

Christina Welch

Printed or typed name and title

Corporate Secretary

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.

[Signature]
Signature of Registered Agent

10/23/2018

Date

If signing on behalf of an entity:

Justine Karnell - Assistant Secretary

Typed or Printed Name

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