

11/11/21, 9:53 AM

Division of Corporations
804019
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

Please keep original file date of 11/11/2021.

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

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

Email Address: _____

2021 NOV 19 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 11 PM 1:08

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**REGISTERED AGENT CHANGE
BITCO GENERAL INSURANCE CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

NOV 22 2021

S. PRATHER

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Corporate Filing Menu

Help

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

- 1. The name of the corporation: BITCO General Insurance Corporation
- 2. The principal office address: 3700 Market Square Circle, Davenport IA 52807
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/06/1917 Document number: 804819
- 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)

Stephen Coonrod
2709 Hermitage Blvd., Suite 200
Tallahassee, FL 32308

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

P.O. Box NOT acceptable


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TALLAHASSEE, FLORIDA

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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.



Signature of an officer or director

Dennis VanderVinne, EVP & Treasurer

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.



Signature of Registered Agent

Christine Kelm,
Assistant Secretary

11/18/2021

Date

If signing on behalf of an entity:

CT Corporation System

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