

FD5D0000004636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 18 AM 9:52

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@ 4.20.11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Imperial Fire and Casualty Insurance Company
Name of Corporation

DOCUMENT NUMBER: F05000004636

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:

Scott A. Pitre
Name of Contact Person

Imperial Fire and Casualty Insurance Company
Firm/Company

4670 I-49 North Service Road
Address

Opelousas, Louisiana 70570
City/State and Zip Code

scott.pitre@imperialfire.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott A. Pitre at (337) 942-5691; Ext. 2249
Name of Contact Person 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

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

1. The name of the corporation: Imperial Fire and Casualty Insurance Company
2. The principal office address: 4670 I-49 North Service Road
Opelousas, Louisiana 70570
3. The mailing address (if different): P.O. Box 753
Opelousas, Louisiana 70571-0753
4. Date of incorporation/qualification: 02/22/1988 Document number: F05000004636
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)

Joseph W. McLeary
224 Datura Street, #908
West Palm Beach, Florida 33401

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

Enrique A. Cuadra
6161 Blue Lagoon Drive, Suite 300
P.O. Box NOT acceptable
Miami, Florida 33126

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

Dirk Boudreaux
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

December 9, 2010
Date

If signing on behalf of an entity:

Enrique A. Cuadra
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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Mailed 04/15/2011