

F99000000000145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

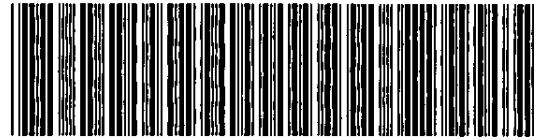
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRANDS INSURANCE AGENCY, INC.
Name of Corporation

DOCUMENT NUMBER: F99000006145

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:

Denise Fowler
Name of Contact Person
Registered Agents Legal Services
Firm/Company
1220 N Market Street, #806
Address
Wilmington, DE 19801
City/State and Zip Code

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

For further information concerning this matter, please call:

Denise Fowler at 800 400-6650
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2013

DENISE FOWLER
REGISTERED AGENTS LEGAL SERVICES
1220 N. MARKET STREET #806
WILMINGTON, DE 19801

SUBJECT: BRANDS INSURANCE AGENCY, INC.
Ref. Number: F99000006145

We have received your document for BRANDS INSURANCE AGENCY, INC. and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 913A00014925

RECEIVED
13 JUN 27 AM 9:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: BRANDS INSURANCE AGENCY, INC.

2. The principal office address: 6449 Allen Road, West Chester, OH 45069

3. The mailing address (if different): PO Box 62267, Cincinnati, OH 45262

4. Date of incorporation/qualification: 11/23/2009 Document number: F99000006145

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)

Registered Agents Legal Services, Inc.
155 Office Plaza Drive, Suite A
Tallahassee, FL 32301

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

Registered Agents Legal Services, LLC
155 Office Plaza Drive, Suite A
Tallahassee, FL 32301
P.O. Box NOT acceptable

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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]
Signature of an officer or director

ALISON M BRANDS/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.

Denise Fowler
Signature of Registered Agent

10.10.13
Date

If signing on behalf of an entity:

Denise Fowler
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