

P06852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

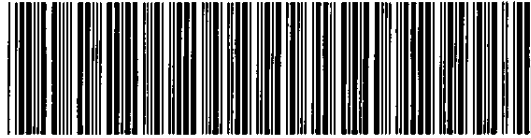
(Business Entity Name)

(Document Number)

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MAY 11 2018
C McNAIR

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

2018 MAY 10 PM 4:28

ACCOUNT NO. : I20000000195
REFERENCE : 202286 7716192
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : May 10, 2018
ORDER TIME : 3:14 PM
ORDER NO. : 202286-015
CUSTOMER NO: 7716192

CHANGE OF AGENT

NAME: 21ST CENTURY NATIONAL
INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 21ST CENTURY NATIONAL INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: _____

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
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

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

- 1. The name of the corporation: 21ST CENTURY NATIONAL INSURANCE COMPANY
- 2. The principal office address: 695 Atlantic Avenue Boston, MA 02111
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 07/24/1985 Document number: P06852

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)

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399

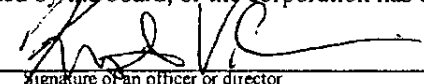
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
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 of an officer or director

Kristin V. Collins, 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.

Corporation Service Company
By: 
Signature of Registered Agent

5/10/2018
Date

If signing on behalf of an entity:
Emily Croft
Asst. Vice President
Typed or Printed Name and Title

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