

FO1000002786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

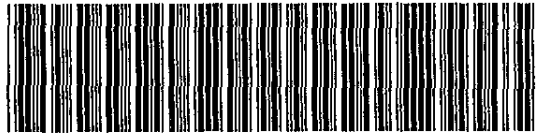
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. change

T BROWN JUL 22 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AGRI-INSURANCE COMPANY, LTD.  
(Name of corporation)

**DOCUMENT NUMBER:** F01000002786

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:

John R. Alexander  
(Name of contact person)

Agri-Insurance Company, Ltd.  
(Firm/Company)

P.O. Box 338  
(Address)

La Belle, FL 33935  
(City/state and zip code)

For further information concerning this matter, please call:

John R. Alexander at ( 863 ) 675-2966  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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

1. The name of the corporation: Agri-Insurance Company, LTD.
2. The principal office address: 44 Church Street Hamilton Bermuda
3. The mailing address (if different): P.O. Box HM 2064 Hamilton, HM HX BM
4. Date of incorporation/qualification: 5/21/2001 Document number: F01000002786
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Patrick W. Murphy  
640 South Main Street  
LaBelle, FL 33935

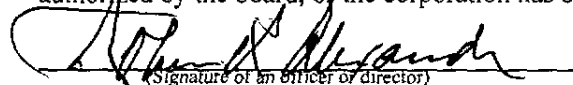
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John R. Alexander  
640 South Main Street  
(P.O. Box NOT acceptable)  
LaBelle, FL 33935

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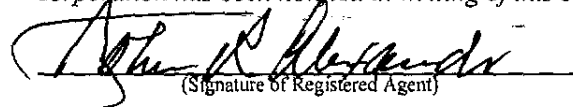
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

John R. Alexander, Chairman & CEO  
(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)

7/18/2005  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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