

**F04000003615**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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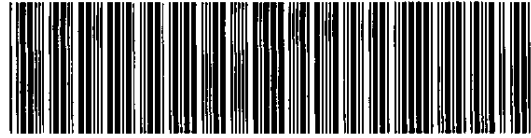
(Business Entity Name)

(Document Number)

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**10 AUG 23 PM 2:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*RFA On*  
*8/24/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fisher Brown Bottrell Insurance, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F04000003615

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:

T. Harris Collier, III  
Name of Contact Person

Fisher Brown Bottrell Insurance, Inc.  
Firm/Company

P.O. Box 291  
Address

Jackson, MS 39205-0291  
City/State and Zip Code

hcollier@trustmark.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

T. Harris Collier, III at ( 601 ) 208-5088  
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 Mississippi in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fisher Brown Bottrell Insurance, Inc.

2. The principal office address: 248 E. Capitol Street, Suite 733, Jackson, MS  
39201

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/02/97 Document number: F04000003615

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)

John D. Sumrall  
4460 Legendary Drive, Suite 350  
Destin, FL 32541

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

Alan D. Moore  
1701 West Garden Street  
P.O. Box NOT acceptable  
Pensacola, FL 32502

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.

T. Harris Collier, III  
Signature of an officer or director

T. Harris Collier, III  
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.*

Alan D. Moore  
Signature of Registered Agent

8/16/10  
Date

If signing on behalf of an entity:

Alan D. Moore  
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