300000/065 **Document Number Only** CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 32301 222-1092 LH.H.JCHLE.11 (825-101) --- 20 US/10/UT- U1000 - 088 +****5.80 - ****15.80 Zip Phone City State **CORPORATION(S) NAME** () Profit () Amendment () Merger () NonProfit () Limited Liability Co. () Dissolution/Withdrawal () Mark () Foreign)UCC Fi 只有 () Annual Report ()_Other () Limited Partnership Change of R.A. () Reinstatement () Reservation)Fic. Name () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up 🌃 Walk In () Mail Out 1 Name 11; Availability PLEASE RETURN EXTRA COPIES FILE ST Document Examiner 3-10 Updater

CR2E031 (1-89)

Acknowledgment

W.P. Verifier

Verifler



March 10, 1997

CT CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: MOUNTAIN INSURANCE AGENCY, INC.

Ref. Number: F93000001065

We have received your document for MOUNTAIN INSURANCE AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

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 (904) 487-6906.

Darlene Connell Corporate Specialist

ploppelidate porp

Letter Number: 397A00012136

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of Massachusett submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: MOUNTAIN INSURANCE AGENCY, INC. 1b. Date of incorporation
2. The name and address of the current registered agent and office: 1900 Summit Tower Blad Suite 220 Orlands Fl. 31816 33
Jim Taylor 1900 Summit Tower Blud, Suite 220, Orlando, Fl. 31810 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM C/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324 The street address of its registered agent 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. C.R. Stornes - VP Secretary - General Typed or printed name and title
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324 The street address of its registered agent 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. C.R. Stornes- VP Secretary & General Typed or printed name and title
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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.
SIGNATURE BY: C T CORPORATION SYSTEM

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) FILING FEE: \$35.00

(Registered Agent)