

# F9300000.2215

Strategic Resource Company  
Requestor's Name

P O Box 23759  
Address

Columbia SC 29224  
City/State/Zip / Phone #

Office Use Only

FILED  
97 DEC 16 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

VS DEC 18 1997

RA Chg.



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

September 23, 1997

**STRATEGIC RESOURCE COMPANY**  
**P.O. BOX 23759**  
**COLUMBIA, SC 29224**

**SUBJECT: SRC INSURANCE SERVICES, INC.**  
**Ref. Number: F93000002215**

We have received your document for SRC INSURANCE SERVICES, 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):

We can find no record of the entity named in your document. A computer printout of a similarly named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 197A00047158




December 4, 1997

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

RE: **STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Dear Sirs:

Enclosed please find original correspondence to include the form referenced above. Please complete the lower portion of this form where indicated with red arrows. Upon completion, please forward the enclosed correspondence immediately to:

 Velma Shepard  
**The Florida Department of State**  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

For your convenience, an addressed envelope is enclosed. Additionally, please forward a copy of the completed form to Strategic Resource Company for our files (addressed envelope is also enclosed for your convenience).

Please call if you need any additional information or if you have any questions.

Sincerely,

  
Anita Rickman  
Contracts & Compliance  
803.865.3705

/afr

Florida Department of State, Sandra B. Mortham, 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 South Carolina submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: SRC INSURANCE SERVICES, INC.

2. The mailing address of the corporation is : P.O. Box 23759  
Columbia, SC 29224-3759

3. Date of incorporation/qualification: 1976 5/12/93 Document number: E93000602215

4. The name and address of the current registered agent and office:

Florida Insurance Commissioner

200 East Gains Street

Tallahassee, FL 32314-6200

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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.

Gerald D. Peterson  
(Signature of an officer, chairman or vice chairman of the board)

8-14-97  
(Date)

Gerald D. Peterson, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Peter F. Souza  
(Signature of Registered Agent)

12/15/97  
(Date)

If signing on behalf of an entity:

PETER F. SOUZA  
ASSISTANT SECRETARY

(Typed or Printed Name)

PETER F. SOUZA  
ASSISTANT SECRETARY

(Capacity)