

F94000004466

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TALLAHASSEE, FLORIDA

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C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

CORPORATION(S) NAME

Second Insurance Agency, Inc.

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 Missouri 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: Second Insurance Agency, Inc.
2. The mailing address of the corporation is: 250 Carpenter Frwy, Irving, TX 75062

3. Date of incorporation/qualification: 08/26/94 Document number: F94000004466

4. The name and address of the current registered agent and office:
The Prentice-Hall Corporation System, Inc
1201 Hayes St., Suite 105
Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
CT Corporation System
1200 South Pine Island Rd
Plantation, FL 33324

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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.

(Signature of an officer, chairman or vice chairman of the board) 09/13/00 (Date)

Terri Atteberry, Asst Secretary 09/13/00 (Printed or typed name and title) (Date)

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.

(Signature of Registered Agent) 09/13/00 (Date)

If signing on behalf of an entity:
Michael E. Jones Asst. Secretary (Typed or Printed Name) (Capacity)