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F	Requester's Name				
5301	ÉŚ N. REYER, P.A Attorney At Law N. Federal Hwy., Ste. 130 Boça Raton, FL 33487	**************************************	10000665 -87/25/02 *****85.(	~~!!!!!!!!!!!!!	 107 25.00
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1.	N NAME(S) & DOC	UMENT NUMBER(S), (if k	nown):	<del></del>	·
	orporation Name)	(Document #)	ECRETARY O	FILE JUL 25 A	
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NEW FILINGS	·	- AMENDMENTS		<b>.</b>	
Profit Not for Profit Limited Liab Domesticatio Other	oility	Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger	d Agent		2
OTHER FILING	<u>GS</u> .	REGISTRATION/QUA	LIFICATION		Ť
Annual Repo Fictitious Na		☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	-		-

Examiner's Initials

4.

## STATEMENT OF CHANGE OF RÉGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of FCA.
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: BINFORD INSURANCE NETWORK, WE.
2. The mailing address of the corporation: /33/1 BRIARWOOD CIRCLE
HAGERS TOWN, ND. 21742  EFF. DATE: 2.3.92  3. Date of incorporation/qualification: FILED DATE: 2.7.92 Document number: V 12448
4. The name and address of the current registered agent and office:
MARK N. BINFORD
2763 SHERIFF WAY
5. The name and address of the PARK, FL. 32792
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
JAMES N. REYER
_ 5301 N. Federal Huy, Ste. 130
Boca Raton FL 33487
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.
Nah Waland
(Signature of an office, chairman or vice chairman of the board) (Date)
MARK N. BINFORD (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.
(Signature of Registered Agent)  (Date)  If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FU INC FFF. 925 00 * * *

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