49081 AFFORDABLE INSURANCE 903 N. Monroe St. Tallahassee, FL 32303 (850) 222-2886 Uny/State/Lip rnone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time \_ Photocopy Certificate of Status ₩ill wait ☐ Mail out NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement 6-17-98 Trademark Other

Examiner's Initials

CR2E031(1/95)

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

rungersigned corporation organized under the laws of the State of FLDQIDA
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: A ABLE INSURANCE, INC.
2. The mailing address of the corporation is: P.O. BOX 4152, TAUAHASSEE, FL 32315
3. Date of incorporation/qualification: 06-29-89 Document number: <u>K99081</u>
4. The name and address of the current registered agent and office:
DAVID M WORKMAN
2863 FITZPATRICK DR
TAUAHASSEE, FL 32308  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
2863 FITZPATRICK DR
TAMAHASSEE, FZ 32308
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)  (Date)
DAVID M. WORKMAN, PRESIDENT 06-09-98 (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.
Diff (Signature of Registered Agent)  Observed  (Date)
If signing on behalf of an entity:
PEGGY STEPHENS V. NRES. (Typed or Printed Name) (Capacity)