208155

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	,,
(Cil	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Stewart & Sons Insurance, Inc. (Name of Corporation)
DOCUMENT NUMBER: 208155
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James R. Stewart (Name of Contact Person)
Stewart & Sons Insurance, Inc. (Firm/Company)
8548 Crystal Court (Address)
Fort Myers, FL 33907 (City/State and Zip Code) For further information concerning this matter, please call:
James R. Stewart at (239) 936-8844 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

CR2E045 (8/05)

statement of chan	ovisions of sections 607.0502, 617.0502, 6 ge is submitted for a corporation organized to change its registered office or registered	d under the laws of the State of	Florida
			rioriaa. -
 The name of the The principal of 	Mice address: 8548 Crystal Co		
	Fort Myers, FL		
3. The mailing add	dress (if different): (same as abor	· · · · · · · · · · · · · · · · · · ·	
4. Date of incorpo	ration/qualification: 12-11-57	Document number:2081	55
5. The name and s Florida Departr	treet address of the current registered agent ment of State:	nt and registered office on file w	vith the
_	Gary W. Stewart		<u> </u>
_	8548 Crystal Co	urt	B C
-	Fort Myers, FL	33907	
6. The name and s (if changed):	treet address of the new registered agent (i	if changed) and /or registered o	RY OF SI
-	James R. Stewart	<u>t</u>	
_	8548 Crystal Cou (P.O. Box NOT acceptable)	urt	-
_	Fort Myers, FL	33907	_
The street address as changed will b	s of its registered office and the street add	dress of the business office of	its registered agent,
_	authorized by resolution duly adopted by board, or the corporation has been notifi		
Taxole	of A total	Secretary (Printed or typed name an	
I jurtner agree to of my duties, and document is being	ne appointment as registered agent and a comply with the provisions of all statute. I am familiar with and accept the obligate of the provision of the control of the contr	ngree to act in this capacity, s relative to the proper and co tion of my position as register egistered office address, I her	omplete performance
Bigni	Aure of Registered Agent)	President (Date)	
If signing on beha	alf of an entity:		
(Tyr	ned or Printed Name)		

* * * FILING FEE: \$35.00 * * *