465683

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ACCOUNT NO. : 072100000032

REFERENCE AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: June 23, 2005

ORDER TIME : 12:22 PM

ORDER NO. : 446814-245

CUSTOMER NO: 7475552

CUSTOMER: Mr. Mark Robinson

Synovus Financial Corp. 5 Floor, 1148 Broadway

Main Office

Columbus, GA 31901

CHANGE OF AGENT

NAME: THE TALLAHASSEE STATE BANK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY __ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz or to change its registered office or register	ed under the laws of the	e State of Flor	ida —————	–
1. The name of	ine corporation: THE TALLAHASSEE ST	ATE BANK			<u></u> .
2. The principal				*.	 -
3. The mailing a	ddress (if different):				<u> </u>
		,			<u>. </u>
4. Date of incor	poration/qualification: 12/02/1974	Document number	465683		
5. The name and	d street address of the current registered ago				
	W. Booker Moore		· ·		: :
	516 S. Ride	-	·		
	Tallahassee, FL 32303	·		05	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or req	gistered office	FILI JUN 28	
	Corporation Service Company	·	SEEL F	8 ED	:
	1201 Hays Street	<u></u>	V15.	<u> </u>	
	(P.O. Box NOT acceptable)		PA PA PA PA PA PA PA PA PA PA PA PA PA P	07	
	Tallahassee, FL 32301	<u> </u>			1
The street addr	ess of its registered office and the street a l be identical.	ddress of the business	office of its reg	istered agent,	
Such change wauthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directo ified in writing of the of Maureen Cullen, Mark S. Robinson	rs or by an office change. Attorney in	erso Fact on be	half of
(Signal	ure of an officer or director)		ped name and title)	T T C D T CC I C	-
I further agrée of my duties, a document is be corponation ha	t the appointment as registered agent and to comply with the provisions of all statu nd I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	ites relative to the prop pation of my position a	ver and complete is registered age	ent. Or. 11 this	
Corporat By A.C.	ion Service Company	June 22, 2005			
	ignature of Registered Agent)		Date)		
If signing on b	ehalf of an entity:				,
Jacqueline	M. Giles, Asst. Vice Presiden	t _.			:
	Typed or Printed Name)				

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