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NEW FILINGS	AMENDMENTS		9000029:	51419	-8
Profit	Amendment		-08/05/9 *****35.	3——01058——00€ .00 ******35.	57. i
NonProfit	Resignation of R.A., Officer	/Director			
Limited Liability	Change of Registered Agent			-	
Domestication	Dissolution/Withdrawal				
Other	Merger				
OTHER FILINGS	REGISTRATION/				
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>FLORIDA</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. The name of the corporation is: <u>COMMERCIAL INSURANCE OF CENTRAL FLORIDA</u>, INC.

1a. Date of incorporation 05-15-78 Document number 573559

2. The name and address of the current registered agent and office:

LAKELAND, FL 33801

3.

WILLIAM B. BULL	ii
2310 A-Z PARK ROAD	NS 99
LAKELAND, FL 33801	
The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	UG -5 AN AHASSEE
RICKY T. HODGES	
2310 A-Z PARK ROAD	

The street address of its registered agent and the street address of the business office of the 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 *MUM* Thomas L. Clarke, Jr., Secretary 7- 7 - 1999

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 Run 7. Martin	
Ricky T. Houges	
DATE 7/2/99	_

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

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