586105

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)	-	
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Document Number)			
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Special Instructions to Filing Officer:			
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SECRETARY OF STATE TAIL AHASSEE, FLORID.

eA. Charge

G. Coudians DEC 1 9 2007



Nancy C. Haire Corporate Paralegal & Assistant Secretary

SENT BY UPS OVERNIGHT DELIVERY

December 14, 2007

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Statement of Change of Registered Agent

Dear Sir or Madam:

Enclosed please find Statements of Change of Registered Agent for the 44 corporations listed on the attached exhibit, together with a check in the amount of \$1,540.00 representing a \$35.00 filing fee for each company.

If you have any questions or concerns, please contact me.

Very truly yours,

Nancy C. Harre

NCH/s Enclosures

11101 Roosevelt Blvd N

St. Petersburg, FL 33716

Toll Free: (800) 627-0000 x. 4417

Telephone: (727) 823-4000 x. 4417

Facsimile: (727) 823-6518

nhaire@bankersinsurance.com

www.bankersinsurance.com

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 organizer to change its registered office or register		_	
1. The name of	the corporation: BANKERS HOME WARR	ANTY ASSOCIATION, INC.		
2. The principal	office address: 11101 Roosevelt Bouleva	rd N, 4th Floor, Legal Dept.		
	St. Petersburg, Florida	33716		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 9/12/1978	Document number: 586105		
	d street address of the current registered ag rtment of State:	ent and registered office on file with the		
	Nancy C. Haire			
	360 Central Ave.			
	St. Petersburg, FL 33701			
6. The name and (if changed):	d street address of the new registered agent	SET	DEC 17 AM	
	Nancy C. Haire		· •	
11101 Roosevelt Boulevard N, 4th Floor, Legal Dept.				
	(P.O. Box NOT acceptable) St. Petersburg, FL 33716			
The street address changed will	ess of its registered office and the street a l be identical.	address of the business office of its registered age	nt,	
Such change wauthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
Signat	ure to an officer or director)	Nancy C. Haire, Asst. Secretary (Printed or typed name and title)	_	
I further agree of my duties, ar document is be	the appointment as registered agent and to comply with the provisions of all statudd I am familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and complete performa gation of my position as registered agent. Or, if t registered office address, I hereby confirm that	nce this the	
Tan	re C Have	December 12, 2007	_	
	gnabre of Registered Agent)	(Date)		
If signing on be	ehalf of an entity:			
Nancy C. Hai	re Typed or Printed Name)			
,	r speci or r rinted reame)			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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