

606113

Requester's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

500003172755--0  
 -03/16/00--01072--001  
 \*\*\*\*385.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
 00 MAR 16 AM 8:30  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

- Walk in       Pick up time \_\_\_\_\_       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

*RA Change  
 3-28-00  
 VRS*

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

<b>Examiner's Initials</b>
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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: Dealers Insurance Services, Inc.

2. The mailing address of the corporation is: 5200-S. Washington Ave  
Titusville, FL 32780

3. Date of incorporation/qualification: 11/9/79 Document number: 606113

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

Robert J. Downing  
Same as corp.

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5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Ronald W. Anderson  
Same as corp.

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.

Lillian Clover, Secretary  
(Signature of an officer, chairman or vice chairman of the board)

3/15/00  
(Date)

Lillian Clover, Secretary  
(Printed or typed name and title)

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.

Ronald W. Anderson  
(Signature of Registered Agent)

3/15/00  
(Date)

If signing on behalf of an entity:

Ronald W. Anderson, Chief Operating Officer  
(Typed or Printed Name) (Capacity)

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