

ACCOUNT NO. :

072100000032

REFERENCE

044989

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: November 25, 1998

ORDER TIME :

9:54 AM

ORDER NO. :

044989-035

CUSTOMER NO:

7170135

300002705723-

David K. Hill, Esq

Fortis Insurance Company

501 West Michigan

NAME:

FORTIS INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Cassandra Lamm

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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

Pursuant to the undersigned cor	provisions of sections 607.0502, 617.0502, 607.1508, o poration organized under the laws of the State of Wisco	or 617.1508, Florida Statutes, t	_ he
submits the follo State of Florida.	wing statement in order to change its registered office o	or registered agent, or both, in	— the
1. The name of t	he corporation is: FORTIS INSURANCE COMPANY		-
2. The mailing a	ddress of the corporation is: P.O. Box 3050, Milwau	ıkee, WI 53201-3050	-
			- 1
3. Date of incorp	oration/qualification: 6/26/56 Document	nt number: 811112	
4. The name and	address of the current registered agent and office:	98 SEC	
<u>c</u>	T CORPORATION SYSTEM	DEC	<u>.</u> -
<u>1</u>	200 SOUTH PINE ISLAND ROAD	- SSEE	一
	ANTATION, FL 33324 address of the new registered agent and office: (P. O. Bourance Commissioner	oxNot Acceptable	J
-	Room 358 Larson Bldg.		-
— The street addre agent, as change	Tallahassee, FI 32399-0300 ss of its registered office and the street address of the led, will be identical.	business office of its registered	 1
Such change wa authorized by th	s authorized by resolution duly adopted by its board or e board. Abelia - Denia (1) f an officer, chairman or vice chairman of the board)		f _
Ann V Sc.V.	Mayberry - French	(Date)	
Havino heen nar	(Printed or typed name and title) ned as registered agent and to accept service of proces ereby accept the appointment as registered agent and to comply with the provisions of all statutes relative to ny duties, and I am familiar with and accept the obliga-	(Date) ss for the above stated agree to act in this capacity. the proper and complete ation of my position as	
(Si _j	gnature of Registered Agent)	(Date)	·
f signing on behalf	of an entity:		
(T	yped or Printed Name)	(Capacity)	