



ACCOUNT NO. :

072100000032

REFERENCE :

367217

7192809

AUTHORIZATION :

COST LIMIT

\$ 35.0

ORDER DATE: September 8, 1999

ORDER TIME: 10:18 AM

ORDER NO. : 367217-605

CUSTOMER NO: 7192809

300003040973--1

CUSTOMER: Mr. Scott Williamson

Ge Financial Assurance 6610 West Broad Street

Richmond, VA 23230

CHANGE OF AGENT

NAME:

THE HARVEST INSURANCE AGENCY,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson



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

Pursuant to the provisions of sections 607.0 the undersigned corporation organized under			7.1508, Flor	ida Statutes,	
submits the following statement in order to c	-	• —	stered agen	t or both in	
the State of Florida.			ares car agera	., 01 00111, 111	
1. The name of the corporation is:					
THE HARVEST INSURANCE AGENCY, INC.		***		···	
			<u> </u>	2 1 2 2 2 2 2	<u>* </u>
2. The mailing address of the corporation is:	Suite 8th Floor	, 6610 West Br	oad Street	<u> </u>	
Richmond , VA 23230					
3. Date of incorporation/qualification: May 26	, 1983	Document num	ber: <u>856556</u>		
4. The name and address of the current registe	red agent and off	ice:			- - -
CT Corporation System			_ I	SE 99	
1200 South Pine Island Roa	ıđ		_		<u> </u>
Plantation, FL 33324			HA	N N	need Seeder
5. The name and address of the new registered	agent and office	: (P. O. Box Not	Acceptable)		Π
Corporation Service Compan	Y		نة ســــــــــــــــــــــــــــــــــــ		
1201 Hays Street				25 25 36 27 28 28 28	·
Tallahassee, FL 32301				₽, ₩	
The street address of its registered office and agent, as changed, will be identical.	the street addres	ss of the business	office of it	s registered	
Such change was authorized by resolution du	ly adopted by its	board of directo	rs or by an	officer so	
authorized by the board.				•	
(Signature of an officer, chairman or vice chairma		Nov		, 1999	
takenatures an omoca-chairman of vice chairma	n of the board)		(Date)		
George A. Massih III, Assistant Secretar					<u></u> -
(Printed or typed name and title)			•		
Having been named as registered agent and to corporation, I hereby accept the appointment a I further agree to comply with the provisions of performance of my duties, and I am familiar wi	accept service of s registered agen all statutes relat th and accept the	process for the a it and agree to ac ive to the proper of obligation of my	bove stated t in this cape and complete position as	acity. e	
registered agent. Corporation Service Company					
By: Coop Dolo		September	30, 1999		
(Signature of Registered Agent)		(Date)	*****		
f signing on behalf of an entity:					
Carol Dolor		Assistant Vic		<u> </u>	and the second second
(Typed or Printed Name)		(Capac	uty)		
*** FILI	NG FEE: \$35.0	0 * * *			
R2EO45(7/97)					
DIVISION OF CORPORATIONS	P. O. Box 6327	TALLAHASSEE,	FL 32314		