F00000004279



# Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## REGISTERED AGENT CHANGE

**MENNO INSURANCE SERVICE, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $35.00 |

RA Change

01/30/02

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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* Indiana *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: Menno Insurance Service, Inc.

2. The mailing address of the corporation: PO Box 483, Goshen IN 46527

3. Date of incorporation/qualification: 7/24/00 Document number: F00000004279

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

Jim Miller
3737 Bahia Vista Street, #11
Sarasota, FL 34232

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

Registered Agents Legal Services, Inc.
1333 North Duval Street
Tallahassee, FL 32302

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.

(Signature of an officer, chairman or vice chairman of the board) 1-18-02 (Date)

Philip R. Zimmerman, Assistant 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.*

(Signature of Registered Agent) 1/29/02 (Date)

If signing on behalf of an entity:
Michael W. Ashley
(Typed or Printed Name)
V.P.
(Capacity)

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