

## Florida Department of State

Division of Corporations Public Access System

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Account Name

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## REGISTERED AGENT CHANGE

CAREER GENERAL AGENCY, INCORPORATED

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6/20/2008

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of <u>lowa</u> er to change its registered office or registered agent, or both, in the State of Florida.	<del>-</del>
	the corporation: Career General Agency, Incorporated	
2. The principal	office address:ORTH RD WEST DES MOINES, IA 50265	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 05/21/2001 Document number: F01000002782	
	d street address of the current registered agent and registered office on file with the artment of State:	
	RICHEY MIKE	
	RICHEY INSURANCE AGENCY LAKE MARY, FL 32746	`.
		11
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	Fillian B
•	C T Corporation System	့
	c/o C T Corporation System, 1200 South Pine Island Road	<u> </u>
	(P.O. Bux NOT ucceptable)	,
	Plantation, Florida 33324	
	ress of its registered office and the street address of the business office of its registered again the identical.	ent,
Such change we authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
	Western Som Watter Nast-Secretary  (Frince of an officer or director)  (Frince or typed name and fulle)	<del>}-</del>
I hereby accept I further agree of my duties, an document is bel corporation has	nt the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performe and I am familiar with and accept the obligation of my position as registered agent. Or, if the eing filed merely to reflect a change in the registered office address, I hereby confirm that as been notified in writing of this change.	nce this the
By:	C T Corporation System  (6-(1-0 9)  Signature of Registropid Agent)  (Date)	
If signing on be	and the states	
	sistent Secretary	
	(Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2B045 (8/05)