

FO1000004936

ANB INSURANCE SERVICES, INC.

RANKIN Insurance Services

620 Walnut St. N.E. • P.O. Drawer F
Decatur, Alabama 35602

INSURING YOUR FUTURE

RANKIN INSURANCE SERVICES, a wholly owned subsidiary of
First American Bank



100058573871

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/20/05 AUG 29 2005

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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, this statement of change is submitted for a corporation organized under the laws of the State of Alabama in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ANB Insurance Services, Inc.
2. The principal office address: 1927 1st Avenue, North
Birmingham, AL 35203
3. The mailing address (if different): P. O. Box 10686
Birmingham, AL 35202-0686
4. Date of incorporation/qualification: _____ Document number: F01000004930
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Donald C. Sprouse

9190 Galleria Court (Community Imperial Ins. Services)

Naples, FL 34109 (Collier County)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

9430 Bonita Beach Road (Community Imperial Ins. Services)

Bonita Springs, FL 34135 (Lee County)

(P.O. Box NOT acceptable)

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, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Gregory B. Parker, Exec.VP
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

08-25-05
(Date)

If signing on behalf of an entity:

(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

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