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(Re	equestor's Name)	<u> </u>	
(Ac	ldress)		_
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(Ci	ty/State/Zip/Phone	#)	
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PICK-UP	☐ WAIT	MAIL	
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(Bu	siness Entity Nam	e)	
(Do	cument Number)	 	_
Certified Copies	Certificates	of Status	_
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Special instructions to	Filing Officer:		
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Office Use Only



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FILING REQUEST

June 29, 2006

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

ICBA INSURANCE SERIVCES, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #23344 FOR \$35.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Johnson

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

			607.1508, or 617.1508, Florid ed under the laws of the State (
			ed under the taws by the State (ed agent, or both, in the State (<u>'</u>	
1. The name of the corporation:		ICBA Insurance Services, Inc.					
		775 Ridge Lake Boulevard, 185, Memphis, TN 38120					
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification:_	07/25/2002	Document number:	FC	2000003	3811	
	street address of the cu	rrent registered age	nt and registered office on file	with t	he		
		CT Corporation	System				
	120	00 South Pine Is	sland Road	_	Σσ:	_	. ~
			33324		ECR	Nr 90	·
6. The name and (if changed):	street address of the ne	•	(if changed) and /or registered		TARY O	L-5 PM	
		NRAI Service	es, Inc.	- 	FST	ι" ≖	
			Drive, Suite 4		RATE	52	
	(P.O	. Box NOT acceptable) Weston, FL	33331		_		
mor							<u>-</u>
as changed will	ess of its registered offithe be identical.	ce and the street ad	dress of the business office of	of its re	egisterec	l agen	t,
Such change wa authorized by th	is authorized by resolu- ne board, or the corpora	tion duly adopted bation has been notif	by its board of directors or by fied in writing of the change.	an of	ficer so		
- U	auch Do Vines	Harold DeVries, CFO					_
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as reg o comply with the prov d I am familiar with an ng filed merely to refle been notified in writin mature of Registered Agent)	ristered agent and visions of all statute ad accept the obligation of the right of this change.	(Printed or typed name agree to act in this capacity, es relative to the proper and attion of my position as regist registered office address, I he (0-19.04) (Date)			rman r, if th that th	ce uis ue
If signing on be	half of an entity:						
	nson, Asst. Secret	ary					
<u> </u>	yped or Printed Name)		•			94.0	

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