lorida Department of State Division of Corporations

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TO:

Division of Corporations

Fax Number : (850)617-6380

From:

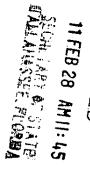
: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368



Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE FISHER BROWN BOTTRELL INSURANCE, INC.



Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

TO: Amendm Division	ent Section of Corporations	
SUBJECT:	Fisher Brown Hottrell Insura	nce Agency, Inc.
-	Name of Co	poration
DOCUMENT N	UMBER:F040	00003615
The enclosed State	ement of Change of Registered Office/	Agent and foe are submitted for filing.
Please return all co	orrespondence concerning this matter to	the following:
	Jean Quines	nbecry
	Name of Conta	ct Person
	Fisher Brown Bourel	l Insummee, Inc.
	Firm/Com	pany
	170 W. Gard	en Street
	Addres	S
	Penzacols, FI	17502
	City/State and	
	jquisenberry@isp	•
-	E-mail address: (to be used for fut)	•
	•	m. m
For further informs	ation concerning this matter, please call	:
•		
Nur	ne of Contact Person	at () Area Code & Duytime Telophone Number
Enclosed is a \$35.0	in check made payable to the Departme	int of State.
	Malling Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR28045 (\$/05)

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

statement of	the provisions of sections 607.050 change is submitted for a corpora rder to change its registered offic	atian arguniza	ed rinder the laws of it	he State of M	ississippi	
	of the corporation: Fisher Brown I		••	•		
2. The princip	pal office address; 248 East Capita	ol Street, Sutic	1200			•
3. The mailing	g address (if different); PO. Box i	490, Jackson,	MS 39215			•
4. Date of inc	orporation/qualification: 6	/24/2004	Document number		04000003615	
5. The name a Florida Dej	and street address of the current repartment of State: (If resigned, on	rgistered ager ter resigned)	n and registered office	on file with	the	
	Alan D. Moore					
	1701 W. Garden Street				25.s	
	Pensacola, FL 32502					4
6. The name a (if changed)	nd street address of the new regis	tered agent (i	fichanged) and /or reg	istered office	HEB 28	!
	CT Corporation System				, n	
	c/o C T Corporation System, 12	.00 South Pinc	Island Road			Ç
		P.O. Box NOT and	separable:			
	Plantation, Florida 33324				Service Con	
The street add is changed wi	ress of its registered office and	the street add	lress of the business	office of its r	egistered agent,	
Such change viuthorized by	was authorized by resolution dul the board, or the corporation ha	ly adopted by is been notifie	_			
	fure of the nillour or director		Alap D. N	Dore in	Executive V.P	•
hereby acception the following for the following	of the appointment as registered to comply with the provisions of the familiar with and acce- eing filed merels to reflect a che as been notified in writing of thi	agent and a of all statutes of the obligations of the re is change.	gree to act in this coj relative to the prope ion of my position as gistared affice uddre	oacity er and comple registered a sss, I hereby o	ute performance gent. Or, if this confirm that the	
ву: 4 57	Corporation System WOLLA WOULKE		2-25	-11		
\$	ignature of Registered Agent		Ci	di.	na i u u un manur	
fsigning on b	ehalf of an entity:					
	. Burke, Special Asst. Scoretary					
	Typed or Printed Name					
			\$35,00 * * *			
N	MAKE CHICKS PAYABL MAIL TO: DIVISION OF CORPORA	ETO FLORIO FIONS, P.O. !	ia Department of S Box 6327, Talifalia	state Ssee, FL 323	4-4	

FLOOR - ONE MEDINE CIT Septem Chalme

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