## 千05000005234

(Requestor's Name)		
(Address)		
( salety,		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT .MAIL		
(Ducinose Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



800081325188

11/06/06--01023--002 \*\*35.00

FILED
06 NOV -6 PM 3: 10

Merio,

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: STEADMAN INSURANCE AGENO	CY,INC. poration)	
DOCUMENT NUMBER: F05000005234	,	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
ROSEMARY V. STEADMAN		
(Name of Contact Person)		
STEADMAN INSURANCE AGENCY, INC. (Firm/Company)		
10255 BISMARK PALM WAY UNIT 1321 (Address)		
FORT MYERS, FL 33966		
(City/State and Zip Code)		
For further information concerning this matter, please cal	l:	
ROSEMARY V. STEADMAN (Name of Contact Person)	at ( 239 ) 936-6800 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Departm	ent of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

TO:

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organization order to change its registered office or regis	anized under the laws of the State of ILLINOIS	
1. The name of the corporation: STEADMAN INSURAN	NCE AGENCY, INC.	
2. The principal office address: 10255 BISMARK PALM FORT MYERS, FL 33966	/ WAY, UNIT 1321	
3. The mailing address (if different):		
4. Date of incorporation/qualification: September 2, 2	005 Document number: F05000005234	
5. The name and street address of the current registered Florida Department of State:	agent and registered office on file with the	
ROBERT D. ROYSTON, JR.		
12670 NEW BRITTANY BLVD., SUITE 101		
FORT MYERS, FL 33907	TAR)	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
ROSEMARY V. STEADMAN		
10255 BISMARK PALM WAY, UNIT 1321		
(P.O. Box NOT acceptable)		
FORT MYERS, FL 33966		
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.		
Abelmany Tealman ROSEMARY V. STEADMAN, PRESIDENT (Printed or typed name and title)		
I hereby accept the appointment as registered agent of further agree to comply with the provisions of all story of my duties, and I am familiar with and accept the odocument is being filed merely to reflect a change in corporation has been notified in writing of this change.	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the	
Manary / Steadman	NOVEMBER 1, 2006	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
ROSEMARY - STEADMAN (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
CR2E045 (8/05)