Division of Corporations
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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

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G-2 PM 3: 06
TARY OF SHATE
ASSEE, FLHRIDA

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## REGISTERED AGENT CHANGE BROWN & BROWN OF TENNESSEE, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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1Brown 8-2-11

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

statement of c	change is submitted for a c	07.0502, 617.0502, 607.1508, or 617.1508, F corporation organized under the laws of the S cd office or registered agent, or both, in the Si	tate of Tennessee
	_	a & Brown of Tennessee, Inc.	<b>V</b>
		arriott Drive, Suite 500, Nashville, TN 3	7214
3. The mailing	g address (if different):		
4. Date of ince	orporation/qualification:	B/09/2007 Document number: F	07000004015
5. The name a		arrent registered agent and registered office on	
	CT Corporation System		
	1200 South Pine Isl	and Road	72
•	Plantation, FL 3332		SECRI
6. The name a (if changed)		ew registered agent (if changed) and for registe	SHA TO
	Corporation Service	: Company	E.F.S
	1201 Hays Street		STATI STATI
	(P.C	). Hox NOT acceptable)	- am o
	Tallahassee, FL 32	301	
The street add as changed wi	dress of its registered offi ill be identical.	ce and the street address of the business off	ice of its registered agent,
Such change v authorized by	was authorized by resolu the board, or the corpora	tion duly adopted by its board of directors o ation has been notified in writing of the char	or by an officer so nge.
1/0	white of an officer or director)	Thomas M Donegan, J	r, Vice President
I hereby acce I further agre of my duties, o document is b corporation h	L f	cistered agent and agree to act in this capacisions of all statutes relative to the proper addresses the obligation of my position as rect a change in the registered office address, by of this change.	•
By:	(Spensive of Registered Agent)	(Date)	74
If signing on l	behalf of an entity:	Harry B. Davis Asst. Vice President	ſ
	(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 (&/05)