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■ Walk in ■ Pick up time		☐ Cert	ified Copy
Mail out Will wait	Photocopy	Cert	ificate of Status
Profit		of R.A., Officer	
THER FILINGS RE	REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	Foreign Limited Partn Reinstatemen Trademark Other		

CR2E031(7/97)

Examiner's Initials

T BROWN AUG 2 1 2001

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,
the undersigned corporation organized under the laws of the State of Montana
submits the following statement in order to change its registered office or registered agent of both in
the State of Florida. 1. The name of the corporation: Fireman's Fund Agribusiness, Inc.
1. The hame of the corporation . The ham a rund Agribushiess, The.
2. The mailing address of the corporation: 777 San Marin Drive
Novato CA 94998
3. Date of incorporation/qualification: 04/08/94 Document number: F94000001801
4. The name and address of the current registered agent and office:
Betsy L. Kushner, Fireman's Fund Insurance Companies
5310 Cypress Center Drive
Tampa FL 33609
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Betsy L. Kushner, Fireman's Fund Insurance Companies
4301 Anchor Plaza Parkway
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.
July 31, 2001
(Signature of an officer, chairman or vice chairman of the board) (Date)
Julie A. Garrison Asst St.
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
dalai
(Signature of Registered Agent) (Date)
f signing on behalf of an entity:
Betsy L. Kushner Tekk Ceket
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314