

January 7, 1997

Florida Department of State · Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Dear Sirs:

I enclose two Statement of Change of Registered Agent forms to be filed with your office on behalf of Roberds, Inc. and Roberd Insurance Agency, Inc., along with two checks in the amount of \$35.00 each to cover filing fees.

Please file these documents as soon as possible and return file-stamped copies to me in the enclosed postage-prepaid envelope. Thank you for your assistance. Should you have any questions or require additional information, please do not hesitate to contact. me. 5

Sincerely,

PH لتنج PICKREL, SCHAEFFER AND EBELING ي، ירסוניוח ŝ CO., L.P.A. P

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Mary-Kate Haney Legal Assistant

Enclosures

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. The name of the corporation is: _____ Roberd Insurance Agency, Inc.

2. The mailing address of the corporation is : _______ 1100 East Central Avenue

West Carrollton, OH 45449

Date of incorporation/qualification: <u>August 24, 1994</u> Document number: <u>F94000004418</u>
The name and address of the current registered agent and office:

Louis F. Berenucca

4465 Gandy Blvd.

Tampa, FL 33611

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Steven L. Sparkman Carlton, Fields, et al. <u>One Harbour Place</u> 777 South Harbour Island Blvd. Tampa, FL 33602-5799

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.

(Signature of an officer, chairman or vice chairman of the board)

Robert M. Wilson, Secretary

(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.

(Signature of Registered Agent) Steven L. Sparkman

If signing on behalf of an entity:

(Date)

(Typed or Printed Name)

(Capacity)

CR2E045(1/95)

FILING FEE: \$35.00

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