

# F94000004466

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/28/00--01006--027  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

CORPORATION(S) NAME

Second Insurance Agency, Inc.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit                        | <input type="checkbox"/> Amendment                  | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit                     |   |  |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Dissolution/Withdrawal     | <input type="checkbox"/> Mark                      |
| <input type="checkbox"/> Foreign                       |   |  |
| <input type="checkbox"/> Limited Partnership           | <input type="checkbox"/> Annual Report              | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement                 | <input type="checkbox"/> Reservation                | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership |   | <input type="checkbox"/> Fictitious Name           |
| <input type="checkbox"/> Certified Copy                | <input type="checkbox"/> Photo Copies               | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready               | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In            | <input type="checkbox"/> Will Wait                  | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out                      |   |  |

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THANKS

CONNIE BRYAN

COULLETTE SEP 28 2000

RECEIVED  
00 SEP 27 PM 4:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CR2E031 (1-89)

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

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 Missouri submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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

2. The mailing address of the corporation is: 250 Carpenter Frwy, Irving, TX 75062

3. Date of incorporation/qualification: 08/26/94

Document number:

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4. The name and address of the current registered agent and office:

The Prentice-Hall Corporation System, Inc

1201 Hayes St., Suite 105

Tallahassee, FL 32301

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

CT Corporation System

1200 South Pine Island Rd

Plantation, FL 33324

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)

09/13/00

(Date)

Terri Atteberry, Asst Secretary

(Printed or typed name and title)

09/13/00

(Date)

*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)

09/13/00

(Date)

If signing on behalf of an entity:

Michael E. Jones

Asst. Secretary

(Typed or Printed Name)

(Capacity)

CR2E045(4/95)

FILING FEE: \$35.00