## F95000002091

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2007 JUN 11 PN 12: 48
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P.A. Change

**C. Goulliette** JUN 1 1 2003



ACCOUNT NO. : 072100000032 REFERENCE: 942363 5041556 AUTHORIZATION\_ COST LIMIT ORDER DATE: June 11, 2007 ORDER TIME : 10:42 AM ORDER NO. : 942363-005 CUSTOMER NO: 5041556 CHANGE OF AGENT NAME: PILOT CORPORATION OF AMERICA PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX\_\_\_\_\_ PLAIN STAMPED COPY CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted for	r a corporation organ	2, 607.1508, or 617.1508, Florida Statui ized under the laws of the State of <u>Del</u> t ered agent, or both, in the State of Florid	aware	
	9 9	Pilot Corporati			
	office address:	60 Commerce	Drive, Trumbull, CT 0661	1	
3. The mailing a	ddress (if different)	):			
4. Date of incorp	poration/qualification	on: <u>10/13/1970</u>	Document number:F9500000	2091	
	d street address of the timent of State:	ne current registered ag	gent and registered office on file with the	•	
	Richard G.	Hathaway			
	7077 Bonne	val Road, Suite	e 200		
	Jacksonville	e, FL 32216		<b>z.</b> -	
6. The name and (if changed):	d street address of the	e new registered agen	at (if changed) and /or registered office	07 JUN 11 SECRETARY ALLAHASSE	
	Corporation S	Service Company	7	II ARY SSE	
	1201 Hays St			PH OF S	ED
		(P.O. Box NOT acceptable)		I'.↓ ORI	
	Tallahassee, I	FL 32301			
The street addreas changed will	ess of its registered be identical.	office and the street	address of the business office of its reg	gistered agent,	
Such change was	as authorized by re he board, or the co	solution duly adopted rporation has been no	I by its board of directors or by an officitied in writing of the change.	cer so	
h. Legen	Because of an officer or director	or)	M. Gregory Bohnsack, (Printed or typed name and title)	Secretary	
I hereby accept I further agree of my duties, ar document is bel corporation ha	the appointment a to comply with the ad I am familiar wi ing filed merely to s been notified in w	s registered agent an provisions of all stat th and accept the obl reflect a change in th vriting of this change.	d agree to act in this capacity. utes relative to the proper and complet igation of my position as registered ag e registered office address, I hereby co	e performance ent. Or if this onfirm that the	
By: Corpora	tion Service Co	ompany 🏡	6/11/07		
(Si	gnature of Registered Age	ent)	(Datc)		
If signing on be	chalf of an entity:				
	nia L. Harris 🕪	STATE OF THE STATE			
	- 3 fr				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*