

F9500000383

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000324032 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

*Please refer to
subfile to
11/24/03!*

RECEIVED
03 DEC -1 PM 11:06
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

COMPASS BANCSHARES INSURANCE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$35.00

F95-3836

03 NOV 25 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing

Public Access Menu

*ORIG. REC.
11/24/03*

*RA CHG
12/2/03*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 26, 2003

COMPASS BANCSHARES INSURANCE, INC.
P O BXO 10566
ACCOUNTING DIVISION
BIRMINGHAM, AL 35296US

SUBJECT: COMPASS BANCSHARES INSURANCE, INC.
REF: F95000003836

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: E03000324032
Letter Number: 203A00064088

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 ALABAMA 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 : COMPASS BANCSHARES INSURANCE, INC.

2. The mailing address of the corporation : P.O. BOX 10566, BIRMINGHAM, AL 35296

3. Date of incorporation/qualification: 08/09/1995 Document number: F95000003836

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

WILLIAM L. BROOME
76 S. LAURA STREET
JACKSONVILLE, FL 32201

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

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD
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.

Joseph B. Carter
(Signature of an officer, chairman or vice chairman of the board)

11/20/2003
(Date)

Joseph B. Carter, Asst. 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.

C T Corporation System
By: Connie Bryan
(Signature of Registered Agent) **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY 2/4/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

FILED
03 NOV 25 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA