

F9500000383

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

COMPASS BANCSHARES INSURANCE, INC.

Certificate of Status	0
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F95-3836
SECRETARY OF STATE
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 26, 2003

COMPASS BANCSHARES INSURANCE, INC.
P O BOX 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 Attn. #: 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

12/4/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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