## F96000004591

ACCOUNT NO.

072100000032

REFERENCE

613452

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE: June 6, 2002

ORDER TIME :

9:24 AM

ORDER NO. : 613452-080

CUSTOMER NO:

5028971

900006458889

CUSTOMER:

Mr. Tim Rogan

The Bisys Group, Inc.

Suite 1000

3435 Stelzer Road

Columbus, OH 43219-8026

CHANGE OF AGENT

NAME:

HANLEIGH GENERAL AGENCY, INC.

DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

C. Coulliette July 162002

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

Pursuant to the provisions of section the undersioned comporation organic	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
	zed under the laws of the State of NEW JERSEY order to change its registered office or registered agent, or both, in
the State of Florida.	
1. The name of the corporation: HA	NLEIGH GENERAL AGENCY, INC.
2. The mailing address of the corpora	ation: BELLE HAVEN, 1133 4TH ST. SARASOTA, FL 34236
3. Date of incorporation/qualificatio	n: 09/09/1996 Document number: F96000001591 2
4. The name and address of the curre	int registered agent and office:
HENRY A. TAFARO	
BELLE HAVEN, 1133	4TH ST.
SARASOTA, FL 34236	OR F.
5. The name and address of the new i	registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
Corporation Service	2 Company
1201 Hays Street	
Tallahassee, Florid	la 32301
The street address of its registered of agent, as changed, will be identical.	ffice and the street address of the business office of its registered
Such change was authorized by reso authorized by the board.	lution duly adopted by its board of directors or by an officer so
Signature of an officer, phairman or vi	
KYNDALL J. POTTS, TAX DIRECTOR	
(Printed or typed name	
Having been named as registered ag corporation, I hereby accept the app I further agree to comply with the preperformance of my duties, and I am pregistered agent.	ent and to accept service of process for the above stated ointment as registered agent and agree to act in this capacity. ovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as
Cyntho A blevi (Signature of Registered Agen	7/11/62 (Date)
If signing on behalf of an entity:	Cynthia L. Harris as its agent
(Typed or Printed Name)	(Capacity)
* *	* FILING FEE: \$35.00 * * *
CR2E045(9/00)	

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS