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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
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E. A. Change S. Coullians APR 2 4 2007



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: March 15, 2007

ORDER TIME : 10:44 AM

ORDER NO. : 805174-010

CUSTOMER NO: 7264338

CHANGE OF AGENT

NAME: COBURN INSURANCE AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{Ve}{Ve}$ to change its registered office or registered agent, or both, in the State of Flor	ermont
1. The name of t	the corporation: COBURN INSURANCE AGENCY, INC.	
	office address: P O Box 1000	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 07/09/1997 Document number: F97000003:	570
	d street address of the current registered agent and registered office on file with triment of State:	the
	Lynn Bolduc	
	4 Fairgreen Avenue	
	New Smyrna Beach, FL 32168	5 0
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	<u> </u>
•	Corporation Service Company	24 P
	1201 Hays Street	FST :
	(P.O. Box NOT acceptable)	53 ATE IRIDI
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its r be identical.	egistered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so
Ma	Maureen Cullen, Attorney in Fact	
I hereby accept I further agree to of my duties, an document is bei corporation has Corporation By: (Signature)	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered and filled merely to reflect a change in the registered office address, I hereby a seen notified in writing of this change. Service Company General Agent (Date)	,
	half of an entity:	
	Typed or Printed Name)	
1.7	cypou or remied Hamoj	

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