FPIC INSURANCE GROUP, INC.

## 000000821

October 29, 1999

Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Bexar Credentials Verification, Inc.

Dear Sir/Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above named entity. Also enclosed is our check in the amount of \$35.00 representing the required filing fee.

If you have any questions, please call me.

Yours truly,

Peggy A. Parks Assistant Secretary/

Director of Paralegal Services

Enclosures

Cc: Dennis R. Knocke (w/enc.) Letters/Division of Corporations 1029

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

Parsuant 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 <u>Florida</u> 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 is: Bexar Credentials Verification, Inc.
2. The mailing address of the corporation is: 202 W. French Place
San Antonio, Texas 78212
3. Date of incorporation/qualification: August 28, 1998 Document number: 1503652-00
4. The name and address of the current registered agent and office:
Sylvia B. Davis
_1000 Riverside Avenue, Suite 202
Jacksonville, FL 32204
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
John R. Byers
225 Water Street, Suite 1400
Jacksonville, FL 32202
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.
(Signature of an officer, chairman of vice chairman of the board)
Dennis R. Knocke, President
(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.
(Signature of Registered Agent)  (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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