

K28687

Requestor's Name

ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.
ATTORNEYS AND COUNSELLORS AT LAW

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ORLANDO, FLORIDA 32802-3000

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(if known):

1. _____
(Corporation Name) (Document #)
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(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
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| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

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-06/30/99--01071--003
*****35.00 *****35.00

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

at
K28687
6-30-99
E. Suter
JES

**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 Florida 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: Assured Underwriters Inc.

2. The mailing address of the corporation is: PO Box 1161967 Altamonte Springs FL 32701-3448

3. Date of incorporation/qualification: July 7, 1988 Document number: K28687

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

Norman A. Monroe
427 Whopping Loop #1889
Altamonte Springs FL 32701

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

Norman A. Monroe
One Landmark Center #600
315 E. Robinson St, Orlando FL 32801

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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.

WD Pender Pres
(Signature of an officer, chairman or vice chairman of the board)

6-22-89
(Date)

WD PENDER, PRES.
(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]
(Signature of Registered Agent)

6/24/89
(Date)

If signing on behalf of an entity:

Norman A. Monroe
(Typed or Printed Name)

Attorney
(Capacity)

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