

ACCOUNT NO.

072100000032

REFERENCE

478364

7288229

AUTHORIZATION

COST LIMIT

ORDER DATE: March 18, 2002

ORDER TIME: 9:22 AM

ORDER NO. : 478364-290

CUSTOMER NO: 7288229

CUSTOMER: Ms. Rhonda Toombs

Highland Capital

Suite 220

2 Metroplex Drive

Birmingham, AL 35209

CHANGE OF AGENT

NAME:

WITTNER INSURANCE NETWORK,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON:

Mimi Stephens -- EXT#

AMIRO LA LESSENTIA J. IAT. SNITTAGES OF NORMER EXAMINER:

02 AUG 12 PM 4: 07

**SECEINED** 

800007064758--3

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

	ne provisions of sections 607.0502, 617.0502,		Statutes,
•	ed corporation organized under the laws of the		
-	llowing statement in order to change its regist	erea office or registerea agent, o	r voin, in
the State of Flo	f the corporation :		
	INSURANCE NETWORK, INC.		
-		10 - 11-1	
2. The mailing	g address of the corporation: 5999 CENT	RAI ITUE, FOURTH Floo	<u>, R</u>
	St. Peters be	ueg, FL 33710	
3. Date of inc	orporation/qualification: June 7, 1989	Document number:K940	16
4. The name a	nd address of the current registered agent and c	office:	
	CT Corporation System	A	<b>02 №</b>
	1200 South Pine Island Road	AHA	<u> </u>
	Plantation, FL 33324	SE	1 2 E
5. The name a	and address of the new registered agent (if change) (P. O. Box Not Accept		langed U
	Corporation Service Company		<b>8</b>
	1201 Hays Street		
	Tallahassee, FL 32301		⊕ TA_ TANTY CO
The street add	dress of its registered office and the street addraged, will be identical.	ress of the business office of its re	egistered
Such change authorized by	was authorized by resolution duly adopted by	its board of directors or by an off	icer so
audionized by	111. 02/1/	2/8/02	
(Signatu	re of an officer, chairman or vice chairman of the board)	(Date)	
M TODO CARLI	SLE, VICE PRESIDENT & SECRETARY		
1022 01112	(Printed or typed name and title)	<del></del>	÷ , ÷
corporation, . I fürther agre performance	named as registered agent and to accept servi I hereby accept the appointment as registered to comply with the provisions of all statutes of my duties, and I am familiar with and acce	agent and agree to act in this ca relative to the proper and compl	pacity. ete
registered age	Service Company	81910-	
<u> </u>	(Signature of Registered Agent)	(Date)	
If signing on bel			
CYNTHIA L. I	HARRIS	Assistant Vice President	
	(Typed or Printed Name)	(Capacity)	
	* * * FILING FEE: \$35	.00 * * *	
CR2E045(9/00)		TI 20014	

P.O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314