P00000011922 Requester's Name

bushong insurance associates inc.

protecting the future of !

P.O. Box 3140 • Ponte Vedra Beach, FL 32004

City/State/Zip Phone #

CR2E031(7/97)

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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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 $FLORNDA$
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: Bushows Insurance Associates, I
2. The mailing address of the corporation: F.O. Box 3/40
Poute Vedra Beach FL 32004
3. Date of incorporation/qualification: 2/00 Document number: Pool 000 11 9 2 2
4. The name and address of the current registered agent and office:
CORPORATION Service Company
1201 HAYS STASST
, , , , , , , , , , , , , , , , , , ,
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Charles Bushows
137 Summerfield DRIVE
Ponte Vedra Beach PL 32082
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.
Meller 2/22/02
(Stepature of an officer, chatman or vice chairman of the board) (Date)
Charles Bushows, Pres. Luf (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 Agence)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity) (Capacity)

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