

## 00004846

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 850-245-6051

\*\*\*\*\*35.00 \*\*\*\*\*35.00

October 4, 2001

To whom it may concern:

Enclosed you will find the following:

- check number 1036 in the amount of \$35.00 for the changing of a registered agent.
- Original Statement of change application

If there is anything else that needs to be filled out or signed, please give me a call and we will information for you as soon as possible.

Sincerely,

Staci Wagner

**Executive Assistant** 

Stwagner@stewart.com

2000 of 278

3402 West Cypress Street Tampa, FL 33607

800-826-1248

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

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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: STEWART MANAGEMENT SERVICES, INC.
2. The mailing address of the corporation: 3402 West Cypress Street Suite 400
3. Date of incorporation/qualification, 05/16/00
3. Date of incorporation/qualification: 05/16/00 Document number: P00000048461
4. The name and address of the current registered agent and office:
PAUL C. DAVIS ESQ.
1 HARBOUR PLACE, 777 S. HARBOUR ISLAND BLVD
TAMPA, FL 33602-5799
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
HAROLD HICKMAN
3401 West Cypress Street
Tampa, FL 33607
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
(Signature of an officer, chairman or vice dialiman of the board) (Date)
WILLIAM S. MODES - PRESIDENT/CEO  (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
(Signature of Registered Agent) 09-27-01
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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