## P01000010993

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ACCOUNT NO. : 072100000032			
REFERENCE : 787182 7514470			
AUTHORIZATION Spuble was			
COST LIMIT ( 35.00			
ORDER DATE: December 30, 2005			
ORDER TIME : 10:18 AM			
ORDER NO. : 787182-095			
CUSTOMER NO: 7514470			
CHANGE OF AGENT			
NAME: SURETY MANAGEMENT, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY  XX PLAIN STAMPED COPY			
CONTACT PERSON: Troy Todd EXT# 2940			
EXAMINER:			

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

statement of char	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Florida ed agent, or both, in the State of Florida.	
1. The name of the	he corporation: SURETY MANAGEMEN	Γ, INC.	
2. The principal office address: 3708 S. John Young Parkway A., Orlando, FL 32839			
3. The mailing ac	ddress (if different):	• • • • • • • • • • • • • • • • • • • •	
4. Date of incorp	poration/qualification: January 29, 2001	Document number: P01000010993	
	street address of the current registered agreement of State:	ent and registered office on file with the	
	Douglas Aabbot	0	
	3708 S. John Parkway A		
	Orlando, FL 32839		
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street	<u></u>	
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
War	ree Cull	Maureen Cullen, Attorney In Fact	
I hereby accept I further agree to of my duties, an document is bei corporation has	s been notified in writing of this change.	(Printed or typed name and title) I agree to act in this capacity. Ites relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
By: M)(M	Service Company WW & Vamo	March 9, 2006	
(Sig	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
Michelle R. Van	noy, Asst. V.P.	AA	
(Typed or Printed Name)			

11/53

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