

PO1000020901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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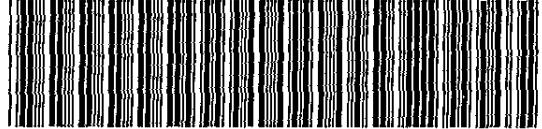
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

T BROWN NOV 19 2002

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Haven Insurance Agency of Florida, Inc.
(Name of corporation)

DOCUMENT NUMBER: P01000020901

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lea Ann Schnarr

(Name of person)

Long, Burner, Parks, & DeLargy, P.C.

(Name of firm/company)

P.O. Box 2212

(Address)

Austin, Texas 78768-2212

(City/state and zip code)

For further information concerning this matter, please call:

Lea Ann Schnarr

(Name of person)

at (512) 474-1587

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.*

1. The name of the corporation: Palm Haven Insurance Agency of Florida, Inc.
2. The principal office address: 5200 South Pine Street
Ocala, Florida 34480
3. The mailing address (if different): P.O. Box 311806,
New Braunfels, Texas 78131-1806
4. Date of incorporation/qualification: 2/27/01 Document number: P01000020901
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Lara Stevens
5200 South Pine Street
Ocala, Florida 34480

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

CT Corporation System
1200 South Pine Island Road
(P.O. Box or personal mailbox NOT acceptable)
Plantation, Florida 33324

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, or the corporation has been notified in writing of the change.


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

Ralph D. Brock, Secretary
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)

October 23, 2002
(Date)

If signing on behalf of an entity:

CT Corporation System
(Typed or Printed Name)

EA Wallace
Assistant Secretary
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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