

P020000059778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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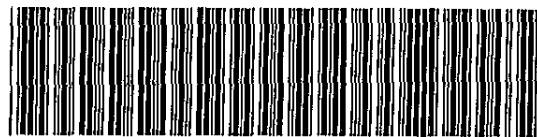
(Business Entity Name)

(Document Number)

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7/7/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southern States Regional Insurance Agency, Inc
(Name of corporation)

DOCUMENT NUMBER: P02000059778

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:

Janice Foster Brooks

(Name of person)

Southern States Regional Insurance Agency, Inc.

(Name of firm/company)

91 Ready Avenue

(Address)

Fort Walton Beach, FL 32548

(City/state and zip code)

For further information concerning this matter, please call:

Janice Foster Brooks

(Name of person)

at (850) 243-5604

(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: Southern States Regional Insurance Agency, Inc.
2. The principal office address: 91 Ready Avenue, Fort Walton Beach, FL 32548

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/17/02 Document number: P02000059778

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Marion E Brooks

91 Ready Avenue

Fort Walton Beach, FL 32548

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

Arden Lea, Attorney

104 Miracle Strip Parkway

(P.O. Box or personal mailbox NOT acceptable)

Fort Walton Beach, FL 32548

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TALLAHASSEE, FLORIDA

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)

Janice F. Brooks, Sr. Vice President
(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.

X 
(Signature of Registered Agent)

June 23, 2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** 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