P03000136040

<u> </u>				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND FILED

RA Change

3. @oulflotte DEC 1 9 2007



Nancy C. Haire Corporate Paralegal & Assistant Secretary

SENT BY UPS OVERNIGHT DELIVERY

December 14, 2007

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Statement of Change of Registered Agent

Dear Sir or Madam:

Enclosed please find Statements of Change of Registered Agent for the 44 corporations listed on the attached exhibit, together with a check in the amount of \$1,540.00 representing a \$35.00 filing fee for each company.

If you have any questions or concerns, please contact me.

Very truly yours,

Nancy C. Halite

NCH/s Enclosures

11101 Roosevelt Blvd N

St. Petersburg, FL 33716

Toll Free: (800) 627-0000 x. 4417

Telephone: (727) 823-4000 x. 4417

Facsimile: (727) 823-6518

nhaire@bankersinsurance.com

www.bankersinsurance.com

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

statement of cha	unge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, i ized under the laws of the State of Florida ered agent, or both, in the State of Florida.	this	
1. The name of	the corporation: BKW – GREENACRES	ASSET MANAGEMENT COMPANY		
2. The principal	office address: 11101 Roosevelt Bouleva	ard N, 4th Floor, Legal Dept.		
	St. Petersburg, Florida	33716		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 11/19/2003	Document number: P03000136040		
	d street address of the current registered as rtment of State:	gent and registered office on file with the		
•	Nancy C. Haire			
	360 Central Ave.		OF D	
	St. Petersburg, FL 33701		EC 17	
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	CRETARY OF STATE	
	Nancy C. Haire		PATE ORIGI	
	11101 Roosevelt Boulevard N,	<u> </u>	,	
	(P.O. Box NOT acceptable) St. Petersburg, FL 33716			
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its register	red agent,	
	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an officer stiffed in writing of the change.	6O	
/ and (Signate	ure at an officer or director)	Nancy C. Haire, Asst. Secretary (Printed or typed name and title)		
I further agree of my duties, ar document is be	ıd I am familiar with and accept the obl	utes relative to the proper and complete pe igation of my position as registered agent. e registered office address, I hereby confir.	Or, if this	
_ Man	es C Naire	December 12, 2007		
•	gnature of Registered Agent) Chalf of an entity:	(Date)	· ·	
Nancy C. Hai	re ·			
	Typed or Printed Name)			

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

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