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(Re	equestor's Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificator	, of Statuc
Special Instructions to	Eiling Officer	

Office Use Only



12/17/07--01042--001 **1540.00



BANKERS FINANCIAL CORPORATION	
Nancy C. Haire Corporate Paralegal & Assistant Secretary	<u>SEN</u> Dece
	Ame Divi Clift 2661 Talla
	Dear
	the 4 the a
	Very Mano
11101 Roosevelt Blvd N St. Petersburg, FL 33716 •	NCF Encl
Toll Free: (800) 627-0000 x. 4417 Felephone: (727) 823-4000 x. 4417	

nhaire@bankersinsurance.com

Facsimile: (727) 823-6518

www.bankersinsurance.com

T BY UPS OVERNIGHT DELIVERY

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ember 14, 2007

endment Section sion of Corporations ton Building Executive Center Circle ahassee, FL 32301

RE: Statement of Change of Registered Agent

Sir or Madam:

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

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

y truly yours,

Haire ances (

cy C. Hahre

-I/s osures

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

1. The name of the corporation: BONDED BUILDERS INSURANCE SERVICES, INC.

2. The principal office address: <u>11101 Roosevelt Boulevard N, 4th Floor, Legal Dept.</u>

St. Petersburg, Florida 33716

3. The mailing address (if different):

4. Date of incorporation/qualification: 3/31/04 Document number: P04000056896

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

	Nancy C. Haire	-		
360 Central Ave.		5		
	St. Petersburg, FL 33701	SECR	07 DEC	_
 The name and (if changed): 	street address of the new registered agent (if changed) and /or registered offi	ETARY		
	Nancy C. Haire	CFS	PM 3:	E
	11101 Roosevelt Boulevard N, 4th Floor, Legal Dept. (P.O. Box NOT acceptable)	DRIDA	15.	•
	St. Petersburg, FL 33716			

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.

Nancy C. Haire, Asst. Secretary (Printed or typed name and title)

(Date)

December 12, 2007

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.

re of Registered Agent)

If signing on behalf of an entity:

Nancy C. Haire

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)