

P.05000024119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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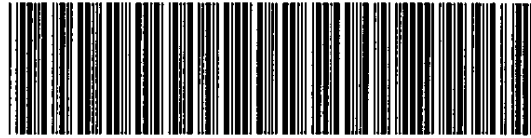
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts DEC 15 2006

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** King's Bay Reinsurance Intermediaries, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000024119

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:

Janet Guy

(Name of Contact Person)

Rogers & Hardin

(Firm/Company)

2700 International Tower, 229 Peachtree St. NE

(Address)

Atlanta, GA 30303-1601

(City/State and Zip Code)

For further information concerning this matter, please call:

Janet Guy

(Name of Contact Person)

at ( 404 )

954-7523

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: King's Bay Reinsurance Intermediaries, Inc.
2. The principal office address: 818 AIA North, Suite 301, Ponte Vedra Beach, Florida 32082
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/15/2005 Document number: P05000024119

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

Timothy W. Volpe, Esq.

1301 Riverplace Boulevard, Suite 1700

Jacksonville, Florida 32207

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

Clyde W. Galloway, Jr.

Galloway, Brennan & Billmeier, P.A.

(P.O. Box NOT acceptable)

240 East 5th Avenue, Tallahassee, Florida 32303

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.

Bruce K. Hanson

(Signature of an officer or director)

Bruce K. Hanson, 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.

Clyde W. Galloway, Jr.

(Signature of Registered Agent)

12/15/06

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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)

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