## P93000009469

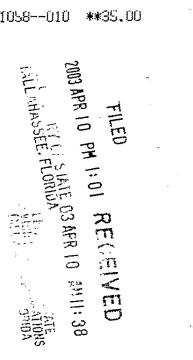
(Requestor's Name)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## CT CORPORATION SYSTEM

April 10, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5824287 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Space Coast Underwriters Insurance Agency, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff\_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508,	or 617.1508, Florida Statutes,
the undersigned	d corporation organized under the laws of the State of $\_\_$	Florida
submits the foll	owing statement in order to change its registered office	or registered agent, or both, in
the State of Flor		
1. The name of	the corporation : Space Coast Underwriters	Insurance Agency, Inc
0.771	11. 61	- Ch. 500 7433
•	address of the corporation: 4450 Sojourn Driv	/e. Ste 500, Addison,
Texas 7	75001	<u> </u>
3. Date of inco	rporation/qualification: 02/01/93 Document	nt number: <u>P300009469</u>
4. The name and	d address of the current registered agent and office:	~3
	<b>6</b>	7A. 203
	Joseph P. Crescio	5
_	100 Rialto Place, Ste 450	2003 APR 10 F
•		AVSSE HILL
5. The name and	d address of the new registered agent (if changed) and/or  (P. O. Box Not Acceptable)	registered office (if changed).
	(P. O. Box Not Acceptable)	Log T.
	C T Corporation System	
•		
-	c/o C T Corporation System, 1200 South Pine Island Road,	
	Plantation, Florida 33324	
	ess of its registered office and the street address of the b	
Such change w	as authorized by resolution duly adopted by its board of	directors or by an officer so
authorized by the	The same of the sa	
Signosare	of the officer, mairman or vice chairman of the board)	March 31, 2003
David B.	Snyder Vice President (Printed or typed name and title)	
		ss for the above stated
corporation, I l	amed as registered agent and to accept service of proce hereby accept the appointment as registered agent and o to comply with the provisions of all statutes relative to f my duties, and I am familiar with and accept the obliga	agree to act in this capacity.
performance of	f my duties, and I am familiar with and accept the oblige	ation of my position as
registered agen CT Corporation S	u.	Malana
By.	Mark Stolleway	(Date)
	Med-severy.	-
If signing on beha	If of an entity:	
	Typed or Printed Name)	(Capacity)

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