

P95000004452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Change

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04 JAN 30 PM 4:25
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DR
1/30/04



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 330076 5028971

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 35.00

ORDER DATE : November 20, 2003

ORDER TIME : 12:33 PM

ORDER NO. : 330076-010

CUSTOMER NO: 5028971

CUSTOMER: Mr. Tim Rogan
The Bisys Group, Inc.
Suite 1000
3435 Stelzer Road
Columbus, OH 43219-8026

CHANGE OF AGENT

NAME: ALTERNATIVE TRANSPORTATION
PROVIDERS INSURANCE AGENCY,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi -- EXT# 2932

EXAMINER: _____

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: ALTERNATIVE TRANSPORTATION PROVIDERS INSURANCE AGENCY, INC.

2. The principal office address: 158 N Harbor City Blvd, Melbourne, FL 32935

3. The mailing address (if different): 158 N Harbor City Blvd, Suite 402, Melbourne, FL 32935

4. Date of incorporation/qualification: January 17, 1995 Document number: P95000004452

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

Patrick J. Anderson

930 S. Harbor City Blvd, Suite 505

Melbourne, FL 32901

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

Corporation Service Company

1201 Hays Street

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

Tallahassee, FL 32301

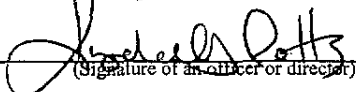
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 or director)

Kyndall J. Potts, 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.

Corporation Service Company

By: 
(Signature of Registered Agent)

1-28-04
(Date)

If signing on behalf of an entity:

**Jeanine Reynolds
as its agent**

(Typed or Printed Name)

(Capacity)

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

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