## P950000/68/2/ COPELAND, THOMPSON & FARRIS, P.C.

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June 6, 2002

100005854961---5 -06/19/02--01018--004 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

DOUGLAS A. COPELAND\*

STEPHEN A. THOMPSON\*

CLYDE C. FARRIS

STEPHEN C. HIOTIS

ROBERT E. EGGMANN\*

\*ALSO LICENSED IN ILLINOIS

MHF Insurance Administrators, Inc./Change in Registered Office and Agent

Dear Sir or Madam:

Re:

Enclosed please find duplicate forms for the change in the registered agent and registered office of MHF Insurance Administrators, Inc., which I would request that you file. This Firm's check in the amount of \$35.00 is enclosed as and for the filing fee.

If you should have any questions regarding this matter, please do not hesitate to call

Yours very truly,

COPELAND, THOMPSON & FARRIS, P.C.

Stephen A. Thompson

SAT/sla Enclosures

cc: Carl C. Petty, Jr.

DECRETARY OF STATE A

De 6/21

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

Pursuant to the	provisions of sections 607.050	2, 617.0502, 607.1508,	or 617.1508, F	lorida Statutes,
the undersigned	corporation organizea unaer in wing statement in order to cha	e taws of the state of noe its registered office	or registered ag	gent, or both, in
the State of Flor		ess of the corporation:  MHF Insurance Administrators, Inc.  ess of the corporation:  3563 Phillips Highway, Building 100,  Jacksonville, FL 32207-5627  ation/qualification:  3/01/1995 Document number: P95000016812  idress of the current registered agent and office:  Mary E. Strickland  9485 Regency Square Blvd., Suite 200  Jacksonville, FL 32225  idress of the new registered agent (if changed) and/or registered office in charged (P. O. Box Not Acceptable)  William J. Clark  3563 Phillips Highway, Building 100, Suite 108  Jacksonville, FL 32207-5627  of its registered office and the street address of the business office of its registered will be identical.  unthorized by resolution duly adopted by its board of directors or by an officer so office, chairman or vice chairman of the board)  Clark, Executive Vice-President  (Printed or typed name and title)  as registered agent and to accept service of process for the above Fided & Seby accept the appointment as registered agent and agree to act in this capacity. Comply with the provisions of all statutes relative to the proper and completes agent and familiar with and accept the obligation of my position as you duties, and I am familiar with and accept the obligation of my position as a proper fide agent and agree to act in this capacity.  June 1, 2002		
1. The name of t	MHF Insu	rance Administrator	s, Inc.	
	•			
2. The mailing a	ddress of the corporation: 35	63 Phillips Highway	, Building 10	00,
Suite 108	3, Jacksonville, FL 3220	7-5627	· · · · · · · · · · · · · · · · · · ·	
3. Date of incor	poration/qualification: 3/01/	1995 Docum	ent number: P95	000016812
4. The name and	l address of the current registere	d agent and office:		
_				
_	9485 Regency Square B	lvd., Suite 200		7 <sub>S</sub> 02
	Jacksonville, FL 322	25		CRE S
5. The name and	d address of the new registered a	under the laws of the State of Florida or to change its registered office or registered agent, or both, in  IF Insurance Administrators, Inc.  In		
	•	x Not Acceptable)		
-				ور مرسب
	3563 Phillips Highway	, Building 100, Su	ite 108	200 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			-	
agent as chang	ed will be identical.			
Such change wauthorized by t	as authorized by resolution duly he board.	y adopted by its board o	of directors or by	an officer so
	(KVVVIX.) PVIXK		June 1	
(Signature	of an officer, chairman or vice chairman	of the board)	(Date)	
William	J. Clark, Executive Vice-	-President	· · · · <del>_</del>	
Umina haan n	I as a sistered as out and to	accent service of proc	cess for the above	e Falled S
Corporation, 1	hereby accept the appointment	of all statutes relative to	o the proper and	comulete=
performance of registered agei	j my auties, ana i am jamiliar v	vith and accept the obli	igatiôn of my pos	S - 1
70510107000 0000	" IIIWW I Q <i>IWW</i>		June 1, 2002	
(	Signature of Registered Agent)			TO TO
If signing on beha	alf of an entity:	-		
	(Typed or Printed Name)		(Capacity)	
		-		

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