

P95000091593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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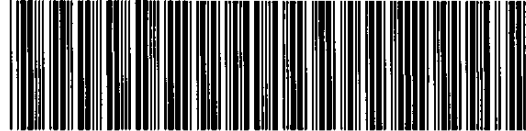
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TALLAHASSEE, FLORIDA

Designation  
of Reg. Agent.

Sf



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 297711 7475552

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE : August 8, 2006

ORDER TIME : 2:43 PM

ORDER NO. : 297711-005

CUSTOMER NO: 7475552

CHANGE OF AGENT

NAME: SYNOVUS BANK OF TAMPA BAY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper -- EXT# 2948

EXAMINER: \_\_\_\_\_

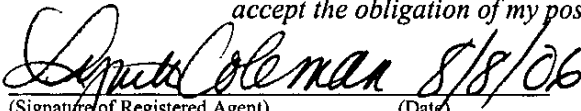
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DESIGNATION OF REGISTERED AGENT  
FOR  
STATE CHARTERED BANKS

*Pursuant to the provisions of section 655.0201, Florida Statutes, this bank designates the  
a Registered Agent as follows:*

1. The name of the bank: **SYNOVUS BANK OF TAMPA BAY**
2. The principal address: **333 3<sup>RD</sup> AVENUE N, SUITE 200**  
**SAINT PETERSBURG, FL 33701**
3. Florida document number: **P95000091593**
4. Registered Agent's Name: **CORPORATION SERVICE COMPANY**
5. Registered Agent's Address: **1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

*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.*

  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

**Lynette Coleman**  
**as its agent**

(Typed or Printed Name)

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

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