

P960000000816

DAVIS INSURANCE GROUP, INC.

Ph. 904-788-8288
4016 Nova Rd., Unit D-1
Port Orange, FL 32127

800003442878--1
-10/30/00--01012--003
*****35.00 *****35.00

FILED
00 OCT 27 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RO Chang

SP

& PAYNE OCT 27 2000

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, the undersigned corporation organized under the laws of the State of FL submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Davis Insurance Group, Inc.
2. The mailing address of the corporation is: 4606 S. Clyde Morris Blvd, Unit 2-F
Port Orange, FL 32119
3. Date of incorporation/qualification: 12-26-95 Document number: P96000000816
4. The name and address of the current registered agent and office:

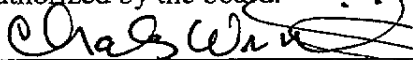
Charles Wm Davis Jr
4016 Nova Rd, Unit D-1
Port Orange, FL 32127

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Charles Wm Davis Jr
4606 S. Clyde Morris Blvd, Unit D-1
Port Orange, FL 32119

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.



(Signature of an officer, chairman or vice chairman of the board)

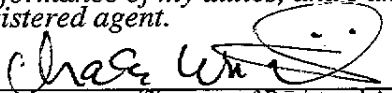
10-19-00

(Date)

Charles Wm Davis Jr - President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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)

10-19-00

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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