

P9600004130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

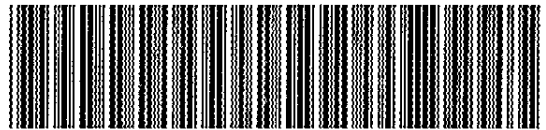
(Document Number)

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03 JUL 18 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fl change

mm  
7/18/03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Poe Insurance Managers, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P96000041305

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda L. McGehee

(Name of person)

Poe Financial Group, Inc.  
(Name of firm/company)

Before 7/18/03  
511 W. Bay Street, Suite 400  
(Address)

After 7/21/03  
302 Knights Run Avenue, Suite 700  
Tampa, FL 33602

Tampa, FL 33606  
(City/state and zip code)

For further information concerning this matter, please call:

Brenda L. McGehee at ( 813 ) 259-4047  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: Poe Insurance Managers, Inc.
2. The principal office address: 302 Knights Run Avenue, Suite 700  
Effective 7/18/03 Tampa, FL 33602
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/14/96 Document number: P96000041305
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

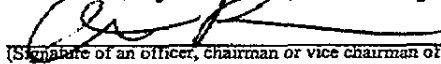
Jan J. Meder  
511 W. Bay Street, Suite 400  
Tampa, FL 33606

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

Jan J. Meder  
302 Knights Run Avenue, Suite 700  
(P.O. Box or personal mailbox NOT acceptable)  
Tampa, FL 33602

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, chairman or vice chairman of the board)

Charles E. Poe, 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.*

  
(Signature of Registered Agent)

7/3/03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA