

P96000055006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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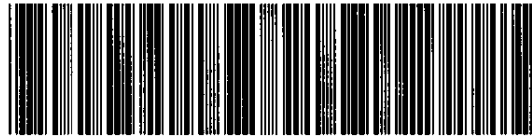
(Business Entity Name)

(Document Number)

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FILED  
09 MAY 11 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chong*

CCOULLIETTE

MAY 18 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All-South Professional Liability, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P96000055006

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:

Betty Sue Palmer  
Name of Contact Person

Agency Marketing Services, Inc.  
Firm/Company

9800 4th Street No., Suite 400  
Address

St. Petersburg, FL 33702  
City/State and Zip Code

bpalmer@agencymarketing.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty Sue Palmer at ( 727 ) 384-1036 x 124  
Name of Contact 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: All-South Professional Liability, Inc.
2. The principal office address: 9800 4th Street No., Suite 400  
St. Petersburg, FL 33702
3. The mailing address (if different): P.O. Box 20085  
St. Petersburg, FL 33742
4. Date of incorporation/qualification: 06/27/1996 Document number: P96000055006
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Boyd H. Wolf

100 Corey Avenue

St. Pete Beach, FL 33706

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

Boyd H. Wolf

9800 4th Street No., Suite 400

P.O. Box NOT acceptable

St. Petersburg, FL 33702

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

David E. Gough, Sr. 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.*

  
Signature of Registered Agent

05/08/2009

Date

If signing on behalf of an entity:

Boyd H. Wolf

Typed or Printed Name

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

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

CR2E045 (8/05)

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