76000056157 **CT** CORPORATION CORPORATION(S) NAME 115 Budential Several Insurance agency of () Profit () Amendment () Merger () Nonprofit () Dissolution/Withdrawal () Mark () Foreign () Reinstatement () Other () Limited Partnership () Annual Report (x) Change of RA () Name Registration ()LLC () UCC () Fictitious Name () CUS () Certified Copy () Photocopies () After 4:30 () Call When Ready () Call If Problem () Will Wait (x) Pick Up (x) Walk In () Mail Out 3/27/02 Order#: 5228172 Name Availability Document kf Ref#: Examiner Updater \_\_\_\_\_ Verifier W.P. Verifier Amount: \$ 400005172724--2 \*\*\*\*560.00 \*\*\*\*\*35.00 660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 C. Coulliste MAR 2 7 2002 Fax 850 222 7615

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

c

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 Florida 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 : Prudential General Insurance Agency of Florida, Inc.

··· c

FL006

2. The mailin	g address of the corporati	on: <u>\$60;Vil</u> lage	Bouleyard <sub>, r</sub> s	uit <u>er100</u> , Wes Bea	ch, FL
3. Date of ind	corporation/qualification:	July 2, 1996	Document number	: <u>P96000056157</u>	33409
	and address of the current			02 TA	
		_		ECR ALL	
	Corporation Service Compa	iny	<u> </u>	AHAR	Π
	1201 Hayes Street	·		SSE 27	Π
a	Tallahassee, FL 32301	· ·	<u> </u>	EG P	D
5. The name a	ind address of the new reg (I	fistered agent (if chang P. O. Box <b>Not</b> Accept	ged) and/or registered able)	office (if changed);	
	C T Corporation System		<u></u>		
	c/o C T Corporation System	, 1200 South Pine Island	Road,	. <b>.</b> .	
	Plantation, Florida 33324				
The street add agent, as chan	ress of its registered officiency of the second s	ce and the street addre	ess of the business of	fice of its registered	·
Such change v authorized by	was authorized by resolut	ion duly adopted by i	ts board of directors of	or by an officer so	
audiorized by		6			
(Signatur	e of an officer, chairman or vice of	chairman of the board)	<u>S/</u>	2 - 200 2 Date)	
PAIL	Pinchlak	PRESIDEN	7	, ,	
**	(Printed or typed name an	id title)			·
I further agree	named as registered agen hereby accept the appoint to comply with the prov of my duties, and I am fan int	ument as registerea a	igeni ana agree 10 ac	t in this capacity.	
C T Corporation By:	System alan	STEPHEN AD/ STEPHEN AD/	MO / /	·_	
	(Signature of Registered Agent)		(Date)	·	:
If signing on beha	alf of an entity:			-	
	(Typed or Printed Name)		(Capacity)	· · · · · ·	
	* * *	FILING FEE: \$35.0	0 * * *		
CR2E045(9/00)		I ILING FEE: 333.0	U		
• •	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 3	2314	