

P96000103608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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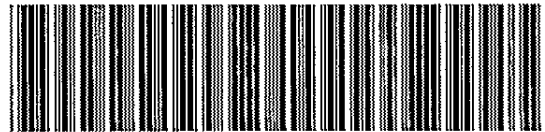
(Business Entity Name)

(Document Number)

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Change

FILED
04 MAR -3 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 MAR -3 PM 12:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DR
3/4/04



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 358285 53500B

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 35.00

ORDER DATE : December 12, 2003

ORDER TIME : 12:19 PM

ORDER NO. : 358285-280

CUSTOMER NO: 53500B

CUSTOMER: Ms. Suzanne M. Benevenga
Fiserv, Inc.
255 Fiserv Drive
P O Box 979
Brookfield, WI 53008-0979

CHANGE OF AGENT

NAME: INSURANCE MANAGEMENT SOLUTIONS
GROUP, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 2945

EXAMINER: _____

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: INSURANCE MANAGEMENT SOLUTIONS GROUP, INC.
2. The principal office address: 801 94th Ave. N., Saint Petersburg, FL 33702
3. The mailing address (if different): _____
4. Date of incorporation/qualification: December 26, 1996 Document number: P96000103608
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Anthony R. Marando

801 94th Ave. No.

Saint Petersburg, FL 33702

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

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Laura R. Dunlap
(Signature of an officer or director)

Laura R. Dunlap, Attorney in Fact
(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.

Corporation Service Company

BY: Cynthia L. Harris
(Signature of Registered Agent)

3/2/04
(Date)

If signing on behalf of an entity:

**Cynthia L. Harris
as its agent**

(Typed or Printed Name)

(Capacity)

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

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