PAGO CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #) 1111114535161614 -10/15/0101034010 ******70.00 ******35.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION Solve to the second sec
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

RC/RA Change Examiner's Initials (10)

10/11/01

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

	da Statutes,
the undersigned corporation organized under the laws of the State ofFlorida	
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: TIB INVESTMENT & INSURANCE CENT	ER, INC.
2. The mailing address of the corporation: P. O. Box 2808, Key Largo,	FL 33037
3. Date of incorporation/qualification: 7/31/97 - Document number: P9700	0067991
4. The name and address of the current registered agent and office:	
WAYNE L. SMITH	
330 WHITEHEAD STREET	· <u></u>
KEY WEST, FL 33040	OI C
5. The name and address of the new registered agent (if changed) and/or registered office (if (P. O. Box Not Acceptable) CONSTANCE D. MILLER — TIB BANK OF THE KEYS	change 15 PM
MEY LARGO, FL 33037	STATE DRATION 2: 33
The street address of its registered office and the street address of the business office of its agent, as changed, will be identical.	registered
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board 10/2/0	fficer so
(Signature of an officer, Chairman or vice chairman of the board) (Date) EDWARD V. LETT (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above state corporation, I hereby accept the appointment as registered agent and agree to act in this confirmance of my duties, and I am familiar with and accept the obligation of my position registered agent. (Signature of Registered Agent) (Date)	capacity. plete as
If signing on behalf of an entity:	2.0
TIB INVESTIGENT & INSURANCE CENTRE, INC. (Typed or Printed Name) (Capacity)	Reg. agenx

CR2E045(9/00)

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