

CONTACT:

OFFICE USE ONLY (Document #)

**P97000073646**

UCC FILING & SEARCH SERVICES, INC.

(Requestor's Name)

526 EAST PARK AVENUE

(Address)

TALLAHASSEE FL 32301

(City, State, Zip)

(904) 681-6528

(Phone #)

OFFICE USE ONLY

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

1 Cummins Insurance Agency Inc. (Document #) 800002298938--0  
(Corporation Name) -09/22/97--01004--008

2 \_\_\_\_\_ (Corporation Name) (Document #) \*\*\*35.00 \*\*\*\*\*35.00

3 \_\_\_\_\_ (Corporation Name) (Document #)

4 \_\_\_\_\_ (Corporation Name) (Document #)

☒ Walk In

☐ Mail Out

☐ Will Wait

☐ Photocopy

☐ Pick Up Time

☐ Certified Copy

☐ Certificate of Status

☐ Certificate of Good Standing

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

97 SEP 22 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

9/22  
grij  
RA  
Change

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R A, Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**HOLD FOR  
PICKUP BY  
UCC SERVICES**

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, 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 is: CUMMINS INSURANCE AGENCY, INC.

2. The mailing address of the corporation is : 3131 S.W. College Road, Suite 405, Ocala,  
Florida 34474.

3. Date of incorporation/qualification: Filed August 25, 1997,  
Effective 9/1/97 Document number: P97000073646

4. The name and address of the current registered agent and office:

UCC Filing & Search Services, Inc.

526 E. Park Avenue

Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

W. Christopher Cummins

3131 S.W. College Road, Suite 405

Ocala, FL 34474

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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.

X [Signature]  
(Signature of an officer, chairman or vice chairman of the board)

9/12/97  
(Date)

W. Christopher Cummins, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

X [Signature]  
(Signature of Registered Agent)

W. Christopher Cummins

If signing on behalf of an entity:

9/12/97  
(Date)

(Typed or Printed Name)

(Capacity)