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(((H08000072165 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone (850) 521-1000

Fax Number (850) 558-1575

x 2908

REGISTERED AGENT CHANGE

FLORIDA CONSOLIDATED AGENCY, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS H08000072165 3

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Florida Consolidated Agency, Inc.
2. The principal	office address: 14145 US Highway #1, Juno Beach, Florida 33408
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 9/2/1998 Document number: P98000076648
5. The name and	d street address of the current registered agent and registered office on file with the FCR ARCHARD Christopher H. Cook
	Christopher H. Cook
	West Palm Beach, FL 33401
6. The name and (if changed):	West Palm Beach, FL 33401 d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change we authorized by t	es authorized by resolution duly adopted by its board of directors or by an officer so he board, or the confidation has been notified in writing of the change.
\\	Stephen L. Smith, Secretary (Printed or Speed name and title)
I hereby accept I further agrée t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to complete performance to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this in filled merely to reflect a change in the registered office address. I hereby confirm that the selection of this change in the confirmation of the confirmatio
De la Orporat	tion Service Company Letter 1/20/08 positive of Registered Agent) (Direc)
If signing on be	half of an entity:
Jacquelin (T	ne N. Casner, Assistant VP 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 (2/05)