P99000020663

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
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Nancy C. Haire Corporate Paralegal & Assistant Secretary

SENT BY UPS OVERNIGHT DELIVERY

December 14, 2007

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Statement of Change of Registered Agent

Dear Sir or Madam:

Enclosed please find Statements of Change of Registered Agent for the 44 corporations listed on the attached exhibit, together with a check in the amount of \$1,540.00 representing a \$35.00 filing fee for each company.

If you have any questions or concerns, please contact me.

Very truly yours,

Nancy C. Harre

NCH/s Enclosures

11101 Roosevelt Blvd N

St. Petersburg, FL 33716

Toll Free: (800) 627-0000 x. 4417

Telephone: (727) 823-4000 x. 4417

Facsimile: (727) 823-6518

nhaire@bankersinsurance.com

www.bankersinsurance.com

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of _s registered agent, or both, in the State of I	Florida
1. The name of t	the corporation: GILCHRIST TIM	BER COMPANY	
2. The principal	office address: 11101 Roosevelt Bo	oulevard N, 4th Floor, Legal Dept.	
 	St. Petersburg, F	lorida 33716	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: March 5, 1	999 Document number: P99000	0020663
	I street address of the current registe tment of State:	ered agent and registered office on file w	ith the
	Nancy C. Haire		
	360 Central Ave.		
	St. Petersburg, FL 33701		₹v c
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Nancy C. Haire		řή~< "
	11101 Roosevelt Boulevard	d N, 4th Floor, Legal Dept.	F.F.S.
	(P.O. Box NOT acco	eptable)	1AI ORII
	St. Petersburg, FL 33716		_ 2
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of i	ts registered agent,
Such change wa authorized by th	ns authorized by resolution duly ad ne board, or the corporation has be	dopted by its board of directors or by are notified in writing of the change.	n officer so
Jage Signatu	read an otticer or director)	Nancy C. Haire, Asst. Secret	ary
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of all d I am familiar with and accept the filed merely to reflect a change to been notified in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and conce obligation of my position as registered in the registered office address, I here ange.	
Maner	& C. Havie	12/12/7	
If signing on be	half of an entity:	(Date)	
Nancy C. Hair	re 'yped or Printed Name)		

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