

REFERENCE :

154787

7289954

100004652121-

AUTHORIZATION

ORDER DATE :

October 23, 2001

ORDER TIME :

1:47 PM

ORDER NO. : 154787-005

CUSTOMER NO:

7289954

CUSTOMER:

Mr. Paul Mcdonald

Florida Insurance Services,

700 22nd Place

Vero Beach, FL

CHANGE OF AGENT

SALFORD INSURANCE AGENCY INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__CERTIFIED COPY _PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

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,	
the undersigned corporation organized under the laws of the State of	
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: SALFORD INSURANCE AGENCY IN	0
1. The name of the corporation: SACPURD INSUICANCE TIBETY IN	<i>C</i>
2. The mailing address of the corporation: 1301 JONATHAN'S TR.	-
VERO BEACH FL. 32963.	-
3. Date of incorporation/qualification: 05.18.99. Document number: 1.990004623	6
4. The name and address of the current registered agent and office:	
PAUL MCDONAGO = = = = =	
1301 JONATHAN'S TR. ES 8 TI	
VERO BEACH FL. 32963, 50 2 F	•
5. The name and address of the new registered agent (if changed) and/or registered office (if changed)	
(P. O. Box Not Acceptable)	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 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.	
$\overline{}$	
(Signature of an officer, difairman or vice-chairman of the board) (Date)	
PALL MONTHALA - DOCCUPART	
(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.	
(Signature of Beginner And 1)	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	-
Timorhy T. O'Bried Attr. V. P. (Typed or Printed Name) (Capacity)	
(Capacity)	

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