•	)5 =. BAVE feld Bd1, F1, 33441	07/892 \$000029826486 -09/09/9901066007 *****35.00 *****35.00 Office Use Only
CORPORATION N	AME(S) & DOCUMENT NU	MBER(S), (if known):
1. (Corpor	ration Name) (	Document #)
2(Corpor	ration Name) (	Document #)
3	ration Name) (	II.
(Corpoi	ration Name) (.	Document #)
4. <u>(Corpor</u>	ration Name) (	Document #)
	Pick up time	Certified Copy
A CONTRACTOR OF THE PROPERTY O	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Di	rector
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	TAL 89
Other	Merger	
OTHER FILINGS	REGISTRATION/	SEP -9 P
Annual Report	QUALIFICATION	70 p
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	Ed 5
	Reinstatement	_··
	Trademark	
•	Other	

CR2E031(1/95)

Examiner's Initials W M

## 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 Forda
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: Royal Palm THC Insurance, Inc.
2. The mailing address of the corporation is: 398 W: Camino Gardens Blvd.  Plaza I Surfe 19
3. Date of incorporation/qualification: Aug. 5, 1999 Document number: 199000071892
4. The name and address of the current registered agent and office:
appr Tom Gricoth
1021 E. Worldwald Blud #103
Boynton Bead l. Fl. 35435
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
- Many College burns
512 N.E. 8 AU.
Werfield Beh, R. 33441
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.
11/h 1. 1 ( 0 M) . A 1 MM 8/21/99
(Signature of an officer, chairman or vice chairman of the board) (Date)
MARY COLLEEN BURNS
(Printed or typed name and title)  Having been named as registered agent and to accept service of process for the above stated cornoration. I hereby accept the appointment of the above stated
corporation, I hereby accept the appointment as registered agent and agree the above stated for 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 Registered Agent) (Date)
If signing on behalf of an entiry
MARY COLLEGIO BURNS (Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
DIVISION OF CORPORATIONS P.O. Box 6327 —TALLAHASSEE, FL 32314