

P99000080379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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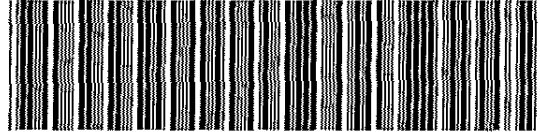
(Business Entity Name)

(Document Number)

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05 JUN 28 PM 2:54

DEPARTMENT OF STATE
VISITOR REGISTRATIONS
TALLAHASSEE, FLORIDA

FILED

05 JUN 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong

C. Coulliette JUN 28 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 446814 7475552

AUTHORIZATION

Patricia Pijute

COST LIMIT : \$ 35.00

ORDER DATE : June 23, 2005

ORDER TIME : 2:03 PM

ORDER NO. : 446814-215

CUSTOMER NO: 7475552

CUSTOMER: Mr. Mark Robinson
Synovus Financial Corp.
5 Floor, 1148 Broadway
Main Office
Columbus, GA 31901

CHANGE OF AGENT

NAME: SYNOVUS INSURANCE SERVICES OF
FLORIDA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 2935

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SYNOVUS INSURANCE SERVICES OF FLORIDA, INC.
2. The principal office address: 2720 W. Tennessee St., Tallahassee, FL 32304-2840
3. The mailing address (if different): P.O. Box 1845, Columbus, GA 31902-1845
4. Date of incorporation/qualification: 09/10/1999 Document number: P99000080379
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

W. Booker Moore

2720 W. Tennessee St.

Tallahassee, FL 32304-2840

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

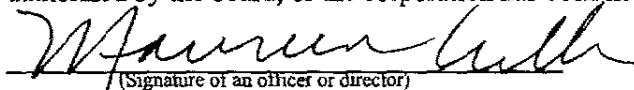
1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 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, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

Maureen Cullen, Attorney in Fact on behalf of
Mark S. Robinson, Sr. Vice President

(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By 

(Signature of Registered Agent)

June 22, 2005

(Date)

If signing on behalf of an entity:

Jacqueline M. Giles, Asst. Vice President

(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

FILED
05 JUN 28 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301