571475



ACCOUNT NO.

072100000032

REFERENCE

267973

5012152

AUTHORIZATION

COST LIMIT

ORDER DATE: June 9, 1999

ORDER TIME : 12:10 PM

ORDER NO. : 267973

CUSTOMER NO: 5012152

800002905468--3

Mr. Walter L. Smith Hilb, Rogal And Hamilton

4235 Innslake Drive

Glen Allen, VA 23060

CHANGE OF AGENT

NAME:

AMERICAN PHOENIX INSURANCE

AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

C. COULLIETTE JUN 1 5 1999

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 Florida
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: AMERICAN PHOENIX INSURANCE AGENCY, INC.
2. The mailing address of the corporation is: 4235 Innslake Dr., P.o. Box 1220
Glen Allen, VA 23060-1220
3. Date of incorporation/qualification: 8/5/91 Document number; S71475
4. The name and address of the current registered agent and office:
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent and office: (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.
May 26, 1999
(Signature of an officer, chairman or vice chairman of the board) (Date)
Walter I Smith Corretary
Walter L. Smith. Secretary (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.
By: C 0110016 Deel 6/10/99
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Carol K. Dolor Asst. Vice President
(Typed or Printed Name) (Capacity)

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