

# S75052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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3/4/04



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 358285 53500B  
AUTHORIZATION : *Patricia Pigato*  
COST LIMIT : \$ 35.00

ORDER DATE : December 12, 2003

ORDER TIME : 12:20 PM

ORDER NO. : 358285-285

CUSTOMER NO: 53500B

CUSTOMER: Ms. Suzanne M. Benevenga  
Fiserv, Inc.  
255 Fiserv Drive  
P O Box 979  
Brookfield, WI 53008-0979

CHANGE OF AGENT

NAME: INSURANCE MANAGEMENT  
SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 2945

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: INSURANCE MANAGEMENT SOLUTIONS, INC.
2. The principal office address: 801 94th Ave. North, Saint Petersburg, FL 33702
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: August 21, 1991 Document number: S75052

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Anthony R. Marando  
801 94th Ave. N  
Saint Petersburg, FL 33702

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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 or personal mailbox 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.

Laura R. Dunlap  
(Signature of an officer or director)

Laura R. Dunlap, Attorney in Fact  
(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: Cynthia L. Harris  
(Signature of Registered Agent)

3/2/04  
(Date)

If signing on behalf of an entity:

**Cynthia L. Harris  
as its agent**

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314