19054

(Re	equestor's Name)		
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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only



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05/26/06--01005--006 **35.00

COVER LETTER

Amendment Section

Division of Corporations
SUBJECT: INSURANCE Agency of Southwest FLORIDA TWO. (Name of Corporation)
DOCUMENT NUMBER: V19054
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID R. HORNE (Name of Contact Person) INSURANCE Ageurs of Southwest Frorida Inc. (Firm/Company)
P.O. Box 1760 (Address)
SANBEL ISLAND FL. 33957 (City/State and Zip Code)
For further information concerning this matter, please call:
TAY D HORNE at (239) 454-1866 (Name of Contact Person) at (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 Statute statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.	RID.9	
1. The name of the corporation: INSURANCE Agency of Southwest From DA	INC.	
2. The principal office address: 474 Sinf Savad Court		
SANIBEL ISLAND, FL. 33957		
3. The mailing address (if different): P.O. Box 1760		
SANIBEL LELAND, FL. 33957		
4. Date of incorporation/qualification: 03/05/1992 Document number: 19054		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	;	
HORNE, DONNA S.		
474 SURF SOUND COURT		
SANIBER ISLAND, Fr. 33957	9	N S
6. The name and street address of the new registered agent (if changed and) or registered office (if changed):	5 MAY 26	CRETAR SION OF
DAVID R. HORNE		COR
474 SURY SOUND COUNT (P.O. BOX NOT acceptable)	PH 3: 5	F STA
SANIBER Island, Fr. 33957	56	TIONS
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	istered age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an offic authorized by the board, or the corporation has been notified in writing of the change.	er so	
DAY ID R. HOLVE . D. (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 of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby corcorporation has been notified in writing of this change.	performa nt. Or, if infirm that	nce this the
(Signature of Registered Agent) 05/03/04 (Date)		
If signing on behalf of an entity:		
DAVID R. HORNE		
(Types of Finites 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
CR2E045 (8/05)