F00000003808

(Requestor's Name)			
(Address)			
(Address)			
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(C)+ (C)+ (T)= (D)+ (1 = (D)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Continue Continue of Chapter			
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R.A. Charge

6. Coultiette DEC 2 4 2007



ACCOUNT NO. : 072100000032
REFERENCE : 03847 5166371
AUTHORIZATION Spubbleman
COST LIMIT : \$ 35.00
ORDER DATE: November 5, 2007
ORDER TIME : 9:12 AM
ORDER NO. : 303849-040
CUSTOMER NO: 5166371
CHANGE OF AGENT
NAME: THE BONDAMERICA CORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Troy Todd
EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 61 statement of change is submitted for a corporation in order to change its registered office or		this
1. The name of the corporation: THE BONDAMER	LICA CORPORATION	
2. The principal office address: 13403 Burnettedale		
3. The mailing address (if different):		
4. Date of incorporation/qualification: July 7, 2000	Document number: F00000003808	
5. The name and street address of the current register Florida Department of State:	ered agent and registered office on file with the	
Provider Assurance, Inc.		
5001 SW 74th Court, #209		_
Miami, FL 33155		07 DEC 24 SECRETAR TALL AHASS
6. The name and street address of the new registere (if changed):	ed agent (if changed) and /or registered office	DEC 24 PH CRETARY O
Corporation Service Company		PH 12: 01
1201 Hays Street		AND O
(P.O. Box NOT acc	ceptable)	\$.**
Tallahassee, FL 32301		
The street address of its registered office and the as changed will be identical.	street address of the business office of its registe	ered agent,
Such change was authorized by resolution duly a authorized by the board, or the corporation has be	dopted by its board of directors or by an officer seen notified in writing of the change.	so
Hand Cale	Jeffrey Clark, President	
I herely accept the appointment as registered age	(Printed or typed name and title) ent and agree to act in this capacity.	
I herely accept the appointment as registered ag I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this change Corporation Service Company	ll statutes relative to the proper and complete po he obligation of my position as registered agent, e in the registered office address, I hereby confir hange.	erformance Or, if this om that the
· ·	12-21-07 (Date)	
By: Signature of Registered Agent) If signing on behalf of an entity:	(Date)	
If signing on behalf of an entity:		
Sylvia Queppet, AVP (Typed or Printed Name)		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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