

F02000001427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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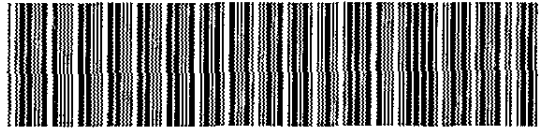
(Business Entity Name)

(Document Number)

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R.A. E.R.O.  
NFS  
1-6-2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Professional Indemnity Agency, Inc.  
\_\_\_\_\_  
(Name of corporation)

**DOCUMENT NUMBER:** F02000001427  
\_\_\_\_\_

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:

Sabrina Tillapaugh  
\_\_\_\_\_

(Name of person)

US CorpWorks Inc.  
\_\_\_\_\_

(Name of firm/company)

3500 East 17th Avenue  
\_\_\_\_\_

(Address)

Denver, CO 80206  
\_\_\_\_\_

(City/state and zip code)

For further information concerning this matter, please call:

Sabrina  
\_\_\_\_\_

(Name of person)

at ( 303 ) 393.8800

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

US CorpWorks Inc.  
*An Operating Affiliate of NRAI*  
3500 East 17<sup>th</sup> Avenue  
Denver, CO 80206  
888.967.5799 Fax 303.393.8900  
stillapaugh@uscorpworks.com

December 13, 2002

**Via US Mail**

Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Professional Indemnity Agency, Inc.

Dear Madam/Sir:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

**Change of Agent**

Please call the toll-free number listed above if for any reason the filings can not be made.

Thank you for your time and consideration in this matter

Sincerely,

  
Sabrina Tillapaugh

**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 New Jersey \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Professional Indemnity Agency, Inc. \_\_\_\_\_

2. The principal office address: 345 Route 17 South, Upper Saddle River, NJ 07458 \_\_\_\_\_

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: March 20, 2002 Document number: F02000001427

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
NRAI Services, Inc.  
526 East Park Avenue  
(P.O. Box or personal mailbox NOT acceptable)  
Tallahassee, FL 32301

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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.

 Christopher L. Martin, Exec. VP and Sec.  
(Signature of an officer, chairman or vice chairman of the board) (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.*

 November 20, 2002  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: Michael Mirrione, Assistant Secretary  
(Typed or Printed Name) (Capacity)

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

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