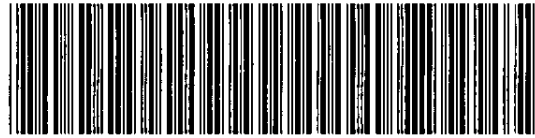


FO6000003924



600142881996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RECEIVED
09 FEB 12 AM 10:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 FEB - 9 AM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L.A. Chang
C. COULLIETTE

FEB 12 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 886642 7176028

AUTHORIZATION

A handwritten signature in black ink, appearing to read "Doreen Wallace", is written over the word "AUTHORIZATION".

COST LIMIT : \$ 35.00

ORDER DATE : February 9, 2009

ORDER TIME : 9:22 AM

ORDER NO. : 886642-006

CUSTOMER NO: 7176028

CHANGE OF AGENT

NAME: TRIAD INSURANCE MANAGEMENT
SERVICES AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS: _____

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 617.1509, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida

TRIAD INSURANCE MANAGEMENT & SERVICES AGENCY, INC.

- 1. The name of the corporation:
2. The principal office address: 116 John Robert Thomas Dr., Suite A, Exton PA 19341
3. The mailing address (if different):

4. Date of incorporation/qualification: 06/02/2006 Document number: F06000003924

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

John D Hatch, Esq.
1267 Berkshire Lane, Ste 200
Tarpon Springs, FL 34688

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 NOT acceptable)
Tallahassee, FL 32301

FILED
09 FEB - 9 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature of Lisa A. Dascaloff]
(Signature of an officer or director)

Lisa A. Dascaloff, Vice President
(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
[Signature of Michelle R. Vannoy]
(Signature of Registered Agent)

2-10-09
(Date)

If signing on behalf of an entity:
Michelle R. Vannoy, Assistant VP
(Typed or Printed Name)

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