



Gretchen M. Nine-Bunnell

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March 16, 2005

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Wood Insurance, LLC
Statement of Change of Registered Agent

Dear Sir/Madam:

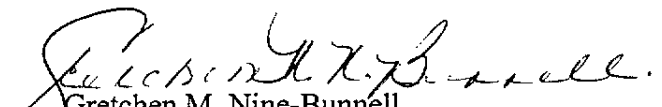
Enclosed for filing with your office, please find the following items in order to change the registered agent on record for Wood Insurance, LLC:

1. An original and one copy of the Statement of Change of Registered Office or Registered Agent for Limited Liability Company; and
2. A check in the amount of \$25.00 to cover the filing fees.

Upon your review of the enclosed and if everything is satisfactory, please file and return your acknowledgment of same to me.

Please call me with any questions (collect) at 216-274-2217.

Sincerely yours,


Gretchen M. Nine-Bunnell
Paralegal

Enclosures

cc: Jeffrey M. Folkman, Esq. (w/o encl.)

2005 MAR 22 P 1:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CLE - 882632.1

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: WOOD INSURANCE, LLC
2. The mailing address of the limited liability company is : 6609 Willow Park Road, Naples
Florida 34109

- 07/17/2000 L00000008680
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Stanley W. Plappert
Name
6609 Willow Park Drive
Address
Naples, Florida 34109
City, State and Zip

6. The name and address of the new registered agent and/or office:

D. Michael Sherman
Name
15730 Pipers Glen
Florida street address (P.O. Box NOT acceptable)
Fort Myers, FL 33912
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

D. Michael Sherman
(Signature of a member or authorized representative of a member)

D. Michael Sherman, Chief Executive Officer
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

D. Michael Sherman
(Signature of Registered Agent)

D. Michael Sherman

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUL 17 2 22 PM '00