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Division of Corporations

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WISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CO-ADVANTAGE INSURANCE SERVICES, INC.

Certificate of Status	0
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Corporate Filing

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10/1/2002

(HOZ 0002061123)

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

	the provisions of sections (ned corporation organized t	- "	607.1508, or 617.1508, Florida St State of Florida	atutes,
-	ollowing statement in order	-	ered office or registered agent, or b	oth, in
1. The name	of the corporation :			
CO-ADVAL	NTAGE INSURANCE SERVICES	, INC.		
2. The mailin	g address of the corporation	ı: <u> </u>		
111 W.	Jefferson Street, Suite	100, Orlando, Flor	ida 32801	
3. Date of in	corporation/qualification:	8/28/DO	Document number: _ P0000008112	5
4. The name	and address of the current r	egistered agent and o	ffice:	
	William H. Robbinson,	Jr.	<u></u>	
	111 W. Jefferson Stre	et, Suite 100		
	Orlando, Florida 3280	ı <u> </u>		
5. The name		stered agent (if chang . O. Box Not Accepta	ged) and/or registered office fif changable)	@ :
	W. Graham White		· · · · · · · · · · · · · · · · · · ·	المنتسب المستناد
	250 Park Avenue South	5th Floor	S	
	Winter Park, Florida	32789		
The street ad agent, as tha	dress of its registered offic ngod, will be identical.	e and the street addre	ess of the business office of its region	dered 0
Such change authorized by	was authorized by resoluti the board.	on duly adopted by i	ts board of directors or by an office $4/27/62$	<u>£80</u>
(Signatu	re of an officer, chairman or vice c	rainnan of the board)	(Date)	—
illiam H. R	obbinson, Jr., Secretary (Printed or typed name and			
Having been corporation, I further agre performance registered ag	named as registered agent I hereby accept the appoint the to comply with the provi- of my duties, and I am fam tent. ()	and to accept service tment as registered of sions of all statutes t tiliar with and accep	ee of process for the above stated agent and agree to act in this capac elative to the proper and complete t the obligation of my position as	îty.
M	Inha Mho	fo.	9/30/02	
	(Signature of Registered Agent)		(Bate)	_ `~
if signing on be	half of an entity:			
	(Typed or Printed Name)		(Capacity)	-
* * * FILING FEE: \$35.00 * * *				
CR2E045(9/00)	Division of Corporations	P.O. Box 6327	TALLAHASSEE, FL 32314	