

R.A. Chaff
G. Condit DEC 16 2004

850-222-1092

Universal American Insurance Agency, Inc.

() Merger

☐ Nonprofit

() Mark

() Reinstatement

() Other

Change of RA

() UCC

() CUS

() After 4:30

(x) Pick Up

☐ Mail Out

Order#: 6244755

Availability _____

AAM

Ref#:

Updater

Verifier _____

Amount: \$

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Universal American Insurance Agency, Inc.
2. The principal office address: 700 NW 107th Avenue, Suite 400, Miami FL 33172
3. The mailing address (if different): 700 NW 107th Avenue, Suite 400, Miami FL 33172
4. Date of incorporation/qualification: 02/01/2001 Document number: P01000011974
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Benjamin P. Butterfield, Esq.

700 NW 107th Avenue, Suite 400

Miami, FL 33172

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

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 this change.

Janice Munoz
(Signature of an officer, chairman or Vice chairman of the board)

Janice Munoz
Vice President/Treasurer

(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.

C T Corporation System

By:

Connie Bryan
(Signature of Registered Agent)

12/13/04
(Date)

If signing on behalf of an entity:

CONNIE BRYAN
SPECIAL 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