

P02000079339
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
SUNSHINE SECURITY INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
FLORIDA
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

- 1. The name of the corporation is: Sunshine Security Insurance Agency, Inc.
2. The principal office address: 1 ASI WAY ST PETERSBURG FL 33702
3. The mailing address (if different): 1 ASI WAY ST PETERSBURG FL 33702
4. Date of incorporation/qualification: 7/22/2002 Document Number: P02000079339
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach FL 33408

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

Chief Financial Officer
200 East Gaines Street
(P.O. Box Not acceptable)
Tallahassee FL 32399

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.

[Handwritten Signature]

Ashley Goldsmith, Attorney-in-Fact

(Signature of an officer or director)

(Printed or Typed name and title)

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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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

Corporate Creations International
801 US Highway 1
North Palm Beach FL 33408
(561) 694-8107