P04000161744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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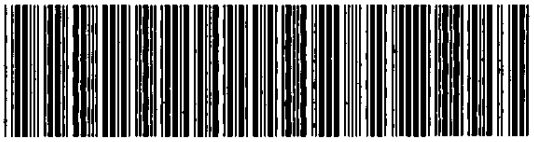

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2010 MAY 24 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB MAY 25 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bouchard Insurance, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000161744

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela E. Monteith
Name of Contact Person

Roger Bouchard Insurance, Inc.
Firm/Company

101 Starcrest Drive
Address

Clearwater FL 33765
City/State and Zip Code

angiemonteith@bouchardinsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela E. Monteith at (727) 451-3160
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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

1. The name of the corporation: Bochard Insurance, Inc.

2. The principal office address: 101 Starcrest Drive
Clearwater FL 33765

3. The mailing address (if different): P O Box 6090
Clearwater FL 33758

4. Date of incorporation/qualification: 12/1/2004 Document number: P04000161744

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Nelson Castellano
101 E. Kennedy Blvd STE 2700
Tampa FL 33602

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

Doug Bishop
5307 Clouds Peak Drive
P.O. Box NOT acceptable
Lutz FL 33558

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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.

Matt Elsey
Signature of an officer or director

Matt Elsey, Sec/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.

Signature of Registered Agent

5/19/2010
Date

If signing on behalf of an entity:

Doug Bishop
Typed or Printed Name

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

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

CR2E045 (8/05)