Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

Email Address:

11 JAN -5

REGISTERED AGENT CHANGE TRADE INSURANCE SERVICES, INC.

Certificate of Status	 0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

Division (of Corporations	
SUBJECT:	Trade Insurance Ser	vices, Inc.
	Name of Co	poration
DOCUMENT NO	IMBER: F990	HXXXXXX
The enclosed State	ment of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter t	o the following:
	Name of Cont	act Person
	Firm/Con	peny
	Addre	BS .
	City/State and	Zip Code
	JCAHALAN@ROANO	KETRADE.COM
	E-mail address: (to be used for fut	ure annual report notification)
For further informa	tion concerning this matter, please cal	l:
		at () Area Code & Daytime Telephone Number
Nan	ne of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.0	O check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations
	Tailahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee F1, 32301

FLOOS - O'NZEZZUOS C T System Online

CR2E045 (8/05)

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

statement of ch	inge is submitted for a cor	poration organiz	607.1508, or 617.1508, Florid ed under the laws of the State o ed agent, or both, in the State o	of California	
	the corporation: Trade Inst		•	,	
• •	ODFIELD ROAD 500 SCH	···-	0173		
3. The mailing a	ddress (if different):				
4. Date of incor	oration/qualification:	01/11/99	Document number:	F99000000160	
5. The name and Florida Depar	street address of the curv tracet of State: (If resigne	ent registered age d, enter resigned)	nt and registered office on file	with the	
	CORPORATION SERVICE	CE COMPANY			
	1201 HAYS STREET TALLAHASSEE FL 32301				
•					E
6. The name and (if changed):	street address of the new	registered agent (if changed) and /or registered (office SS 5	
	C T Corporation System				
	c/o C T Corporation System	n, 1200 South Pin			-
		P.O. Box NOT a	cochiapia	B.M.	
	Plantation, Florida 33324				
as changed will	be identical.		dress of the business office of		
Such change we authorized by th	s suthorized by resolution e board, or the corporation	n duly adopted b	y its board of directors or by ited in writing of the change.	an officer so	
	1	-	Kimberly Braunting, Vi		
	the appointment as regist to comply with the provisi I cam familiar with and is is filed merely to reflect been notified in writing o	ered agent and cons of all statute accept the obligate a change in the r of this change.	Princi or typed name an agree to act in this capacity, is relative to the proper and ca ation of my position as registe, egistered office address, I her		ı
By: Dell	ecco Bystem	uth.	01/04/2011 Date		
signing on bei	alf of an entity:		areto		
	Assistant Socretary	<u></u>			
וני		FILING FRE:	\$35.00 * * *		

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

FL806 - 87/23/2009 C T System Online

CR2E045 (8/05)