MAY-29-2012 15:03 P.01/02

Division of Corporations

F05000001411

Florida Department of State

Division of Corporations

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To:
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From:
Account Name : CTFROCOMPLY
Account Number : I20100000053
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: cass.rejent@simaudit.com

REGISTERED AGENT CHANGE

ANALYZE,INFORM AND MARKET INSURANCE, INC.

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

MAY 30 2012

C. MUSTAIN

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

1. The name of the corporation: ANALYZE,INFORM AND MARKET INSURANCE, INC.

2. The principal office address: 11675 RAINWATER DRIVE STE 200, ALPHARETTA GA 30009

3. The mailing address (if different):

4. Date of incorporation/qualification: 3/7/2005 Document number: F05000001411

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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)

CORPORATION SERVICE COMPANY
1201 HAYS ST, TALLAHASSEE FL 32301-2525

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

C T Corporation System
1200 South Pine Island Road, Plantation, Florida 33324
P.O. Box NOT acceptable

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.

Cass Rejent
Signature of authorized officer

Cass Rejent, Vice President
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.

Mark
Signature of Registered Agent

23rd day of May, 2012
Date

If signing on behalf of an entity:

Mark Williams, AVP
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)

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