I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRES

SIGNATURE: DONALD L ISRAELSON

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022506

Entity Name: COMPASS INSURANCE BROKERS INC

Current Principal Place of Business:

2021 WHITE FEATHER LANE NOKOMIS, FL 34275

Current Mailing Address:

2021 WHITE FEATHER LANE NOKOMIS, FL 34275 US

FEI Number: 26-4434876

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BUTLER, JOHN E 1660 HUDSON PT DR SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

| Officer/Director Detail : | | | | |
|---------------------------|-----------------|-------------------------|-----------------|-------------------------|
| | Title | Р | Title | VP |
| | Name | ISRAELSON, DONALD L | Name | ISRAELSON, NANCY E |
| | Address | 2021 WHITE FEATHER LANE | Address | 2021 WHITE FEATHER LANE |
| | City-State-Zip: | NOKOMIS FL 34275 | City-State-Zip: | NOKOMIS FL 34275 |

Certificate of Status Desired: No

FILED Feb 07, 2017 Secretary of State CC8398611236

Date

02/07/2017 Date