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:

PO BOX 40

USA-RA LLC

Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

Officer/Director Detail :

Title	Р	Title	V
Name	TURNER, ROBERT C	Name	TURNER, MARY F
Address	108 JULIENTON ISLAND DRIVE	Address	108 JULIENTON ISLAND DRIVE
City-State-Zip:	BRUNSWICK GA 31520	City-State-Zip:	BRUNSWICK GA 31520
Title	ST		
Name	CREWS, CHERYL A		
Address	9251 BROWNTOWN ROAD		
City-State-Zip:	WAYNESVILLE GA 31566		

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.

SIGNATURE: ROBERT C. TURNER

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

Date

01/07/2014

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1000000815

Entity Name: TURNER & ASSOCIATES INSURANCE, INC.

Current Principal Place of Business:

ONE SAINT ANDREWS COURT SUITE 101 BRUNSWICK, GA 31520

Current Mailing Address:

BRUNSWICK, GA 31521

FEI Number: 65-1187320

841 PRUDENTIAL DR 12TH FLR JACKSONVILLE, FL 32207 US