Italiano Insurance Services, Inc.

- INSURANCE

May 14, 2002

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Italiano Insurance Services. Inc. Registered Agent - Change of Address Only

Please change the address of our Registered Agent from 2506 S. MacDill Ave., Tampa, Fl 33629 to 3021_Swann Avenue, Tampa, Fl 33609

If you should need any additional information, please feel free to call me at 813-877-7799.

Very truly yours,

Ynaggie Guerra Controller/

5/28/02 Ro Change

3021 Swann Avenue • P.O. Box 18425 • Tampa, Florida 33679-8425 (813) 877-7799 / Fax (813) 877-8877



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 20, 2002

Maggie Guerra Italiano Insurance Services, Inc. 3021 Swann Avenue Tampa, FL 33609

SUBJECT: ITALIANO INSURANCE SERVICES, INC.

Ref. Number: 615795

This is pursuant to your letter of May 14, 2002.

To change the registered office, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 002A00032083

SPECION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR **CORPORATIONS**

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617	7 1508(2)
Florida Statutes, the undersigned registered agent of a corporation organized under the la	.1500(<i>z</i>),
State of Florida submits the following statemen	
to change the registered office in Florida.	ı ili order
1. The name of the corporation: <u>Italiano</u> <u>Insurance</u> <u>Service</u>	es,Inc·
2. The street address of the current registered office:	 -
2506 S. MacDull	
Tampa, FL 33629	_
	D2 MA' SECRE
3. The street address of the new registered office:	Y 28 TAR TAR
3021 Curana Lumina	FILED 28 PM 1ARY OF ASSEE, I
Jampa, FL 33609	
-12mp3, FL 33609	3: 03 STATE FLORIDA
The corporation has been notified in writing of this change.	,#
The street address of the registered office and the street address of the business office of the agent, as changed, will be identical.	e registered
Date: 5-24-02	
Signature of Registered Agent) Jeffrey G. I + alu a (Brinted or Time)	en0
(Signature of Registered Agent)	(NT)

Filing Fee: \$35.00

(Printed or Typed Name)

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314