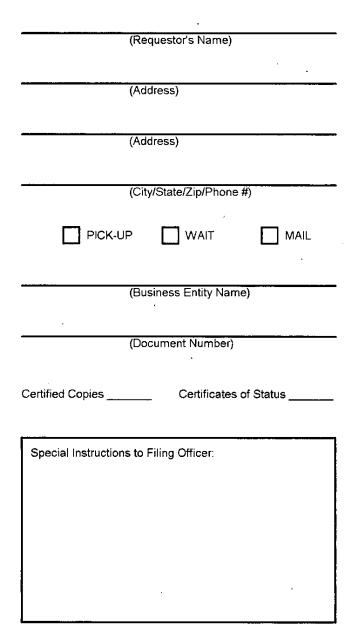
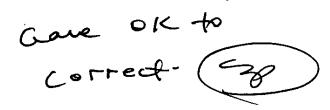
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Office Use Only





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Rochs.

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Marshall Howard Insurance Agency (Name of Corp.) | Incorporated (59-1960914) |
|--|--|
| DOCUMENT NUMBER: | तिक पित्रको स्थित क्रिका क |
| The enclosed Statement of Change of Registered Office/Ap | gent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to | |
| T. Marshall Howard | |
| (Name of Contac | t Person) |
| Marshall Howard Insurance Agend | |
| (Firm/Comp | •• |
| 556 overlook E | >R. |
| -2560 RCA Blvd. | |
| (Address |) |
| Palm Beach Gardens, FI 33410 | · |
| (City/State and 2 | ip Code) |
| For further information concerning this matter, please call: | |
| | at (561) 622-3759 561-338-8165 (cell) (Area Code & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department | nt of State. |
| Mailing Address: Amendment Section | Street Address: Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |

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

| statement of cha | rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida. |
|--|---|
| 1. The name of the | ne corporation: Marshall Howard Insurance Agency, Inc. (59-1960914) |
| | Gardens, FL33410, North Palm Beach FL 33409 |
| - | Gardens, Fl 33410. North Palm Beach, FL 33409 Idress (if different): |
| 4. Date of incorp | oration/qualification: 12/17/1979 Document number: |
| | street address of the current registered agent and registered office on file with the ment of State: |
| | T. Marshall Howard; |
| | Marshall Howard Insurance Agency Incorporated; 2560 RCA Blvd.; Patrn Beach Gardens, FI 33410 |
| | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office |
| | 556 Overlook Drive |
| | North Palm Beach, FL 33408 (P.O. Box NOT acceptable) |
| The street addre | ss of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by th | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change. |
| J. Marker (Signatur | If the toward - PRES. To an officer or director) T. MANS HAVE HOWARD - PRES. (Printed or typed name and title) |
| I hereby accept I further agree t of my duties, an document is bei corporation has | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| J. Marsh | cell Variety 07/31/2008 mature of Registered Agent) (Date) |
| If signing on be | half of an entity: |
| Ci | yped or Printed Name) |

* * * FILING FEE: \$35.00 * * *