F02000002502

Florida Department of State
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
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04 MAY 18 PM 4:52
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

TRIP ASSURED, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	$35.00

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RA change
05/19/04
DC

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

1. The name of the corporation: TRip Assured, Inc.
2. The principal office address: 2625 N. Main Street, Suite 203
   Crossville, TN 38555
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/13/02 Document number: F02000002502
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   Edward M. Johnson
   1050 Hwy 98E Ste 1704E
   Destin, FL 32541

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
   (P.O. Box or personal mailbox NOT acceptable)
   Plantation, Florida 33324

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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.

Edward M. Johnson
(Signature of officer or director)

Edward M. Johnson, Pres.
(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.

Dale W. Morris
(Signature of Registered Agent)

May 18, 2004
(Date)

If signing on behalf of an entity:
C T Corporation System
(Typed or Printed Name)

DALE W MORRIS
ASSISTANT VICE PRESIDENT
(Capacity)

*** FILING FEE: $35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314