

FO4000004270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

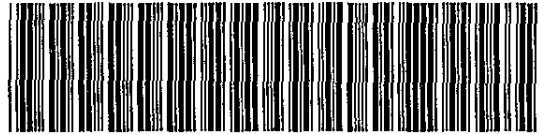
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/25/04--01024--022 **35.00

RAPO
TS11/02/04

NewCo Corporate Services, Inc.

875 Avenue of the Americas
Suite 501
New York, New York 10001

Telephone: (212) 356-8340

Internet Address: gerri@newcocorporate.com

Fax: (212) 356-8379

October 20, 2004

Secretary of State of Florida

**RE: *Intermediary Insurance Services, Inc.
Change of Agent - Florida***

Dear Sir/Madam:

*Enclosed please find Certificate of Change of Registered Office/Registered Agent
on behalf of the above entity.*

*Please file the attached and return a filed-stamped copy to the attention of the undersigned
at the above address.*

*If there are any problems, please contact the undersigned immediately at the following toll-
free number 1-888-336-3926.*

Thanking you in advance for your prompt attention to this matter.

Sincerely,



*Gerri Mirando
Senior Specialist*

Encls.

	19682	35.00
CHECK #	Amount \$	

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

1. The name of the corporation: Intermediary Insurance Services, Inc.
2. The principal office address: 180 Montgomery Street -5th Floor
San Francisco, CA 94104
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/26/04 Document number: FO4000004270

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Bruce A. Noriega
(Signature of an officer or director)

Bruce A. Noriega, Secretary
(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.

NRAI Services, Inc.
By: Geraldine Mirando
(Signature of Registered Agent)

October 20, 2004
(Date)

If signing on behalf of an entity:

Geraldine Mirando
(Typed or Printed Name)

Assistant Secretary
(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

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Bruce A. Noriega
(Signature of an officer or director)

Bruce A. Noriega, Secretary
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NRAI Services, Inc.

By: Geraldine Mirando
(Signature of Registered Agent)

October 20, 2004
(Date)

If signing on behalf of an entity:

Geraldine Mirando
(Typed or Printed Name)

Assistant Secretary
(Capacity)

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

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