

| (Requestor's Name) | | |
|---|-------------|--|
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| • (Business Entity Name) | | |
| · (Document Number) | | |
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DIVISION OF CORPORATIONS

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|--------------------------|--|---|--|--|--|
| | | | | | |
| SUBJE | ECT: Esurance Insurance Services, Inc. (Name of Corporation) | n) | | | |
| | (Name of Corporatio | ni) | | | |
| DOCU | JMENT NUMBER: F0400005415 | | | | |
| The end | iclosed Statement of Change of Registered Office/Agent a | and fee are submitted for filing. | | | |
| Please | return all correspondence concerning this matter to the fo | ollowing: | | | |
| | | | | | |
| | Robin Bogdanich | | | | |
| (Name of Contact Person) | | | | | |
| | | | | | |
| | Esurance Insurance Services, Inc. | | | | |
| | (Firm/Company) | | | | |
| | | | | | |
| | 650 Davis Street | | | | |
| | (Address) | | | | |
| | | | | | |
| | San Francisco, CA 94111 | | | | |
| | (City/State and Zip Code) | | | | |
| For fur | rther information concerning this matter, please call: | | | | |
| | | | | | |
| Robin | Bogdanich at (9 (Name of Contact Person) (A | 16 435-3436 rea Code & Daytime Telephone Number) | | | |
| | (Name of Contact Person) (A | nea Code & Daytime Telephone Number) | | | |
| Enclose | ed is a \$35.00 check made payable to the Department of | State. | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | |
| | Mailing Address: | Street Address: | | | |
| | Amendment Section | 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 | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Delaware or to change its registered office or registered agent, or both, in the State of Florida. |
|--|--|
| | the corporation: Esurance Insurance Services, Inc. |
| | office address: 650 Davis Street, San Francisco, CA 94111 |
| 3. The mailing a | address (if different): |
| 4. Date of incor | poration/qualification: 09/17/2004 Document number: F04000005415 |
| | d street address of the current registered agent and registered office on file with the rtment of State: |
| | Kurt Pifer |
| | 5550 W. Idlewild Avenue, Suite 115 |
| | Tampa, FL 33634 |
| 6. The name and (if changed): | Kurt Pifer 5550 W. Idlewild Avenue, Suite 115 Tampa, FL 33634 d street address of the new registered agent (if changed) and /or registered office Kurt Pifer |
| | Kurt Pifer |
| | 701 US Highway, 301 South |
| | (P.O. Box NOT acceptable) Tampa, FL 33619 |
| | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change w authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
| f1 ' " | Gary C. Tolman (Printed or typed name and title) |
| I hereby accept I further agree of my duties, ar document is be corporation ha | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. |
| IX | 11-507 |
| / | gnature of Pregistered Agent) (Date) |
| If signing on be | chalf of an entity: |
| | Typed or Printed Name) |

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