

F05000001453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

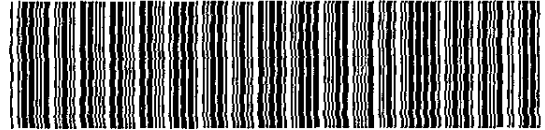
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

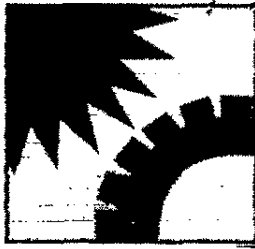


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RAELY ON  
4-21-06



**US CorpWorks Inc.**

23 Butler Avenue

Maynard, MA 01754

[www.uscorpworks.com](http://www.uscorpworks.com)

Phone: 888.967.5799 Fax: 978.897.5905

April 11, 2006

**Via US Mail**

Division of Corporations

Florida Department of State

2661 Executive Center Circle West

Tallahassee, FL 32301

Re: Insurance Risk Managers of Missouri, Inc.

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

**Change of Registered Agent**

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Sabrina Tillapaugh". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Sabrina Tillapaugh

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

- 1. The name of the corporation: Insurance Risk Managers of Missouri, Inc.
- 2. The principal office address: 425 N. New Ballas Rd., Ste. 175, St. Louis, MO 63141
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/08/2005 Document number: F05000001453

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):

National Registered Agents, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

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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.

*Patrick E. McAleenan*  
(Signature of an officer or director)

Patrick E. McAleenan, President  
(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.*

*Sabrina Tillapaugh*  
(Signature of Registered Agent)

03/24/06  
(Date)

If signing on behalf of an entity:

Sabrina Tillapaugh, Asst. Secretary  
(Typed or Printed Name)

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