

F05000006850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

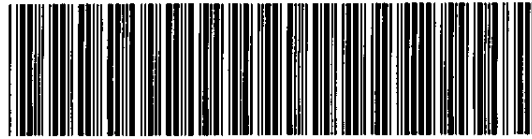
(Business Entity Name)

(Document Number)

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C.COULLETTE

JUL 25 2011

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 847176 4701003

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : July 15, 2011

ORDER TIME : 10:10 AM

ORDER NO. : 847176-027

CUSTOMER NO: 4701003

CHANGE OF AGENT

NAME: ASSOCIATION GROUP INSURANCE
ADMINISTRATORS

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX _____ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS: _____

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: ASSOCIATION GROUP INSURANCE ADMINISTRATORS, INC.

2. The principal office address: 1155 Eugenia Place, Carpinteria, CA 98013

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/21/2005 Document number: F05000006850

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

NRAI Services, Inc.
515 E. Park Avenue
Tallahassee, FL 32301

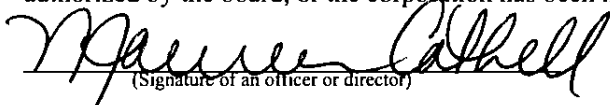
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

11 JUL 25 PM 1:01
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS

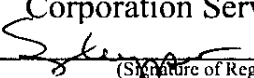
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

Maureen Cathell, Vice 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.

Corporation Service Company

(Signature of Registered Agent)

July 14, 2011
(Date)

If signing on behalf of an entity:

Sylvia Queppet, Asst. VP
(Typed or Printed Name)

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

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