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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TAIL AHASSEE, FLORIDI



US CorpWorks Inc.
23 Butler Avenue
Maynard, MA 01754
www.uscorpworks.com

Phone: 888.967.5799 Fax: 978.897.5905

September 18, 2009

Via US Mail
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Re: Central Insurance Management, 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,

Sabrina Tillapaugh

ing the state of t

COVER LETTER

TO:	TO: Amendment Section Division of Corporations		
SUBJI	CT: Central Insurance Management, Inc. (Name of Corporation)		
DOCU	MENT NUMBER: F06000004750		
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Sabrina Tillapaugh		
	(Name of Contact Person)		
	US CorpWorks Inc.		
	(Firm/Company)		
	23 Butler Avenue		
	(Address)		
	Maynard, MA 01754 (City/State and Zip Code)		
For fu	her information concerning this matter, please call:		
TOI IUI			
	Sabrina Tillapaugh at (888) 967.5799 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclos	ed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 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 willows er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Central Insurance Management, Inc.
2. The principal	l office address: 3625 North Sheridan Road, Peoria, IL 61633
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 07/17/2006 Document number: F06000004750
	d street address of the current registered agent and registered office on file with the artment of State:
	John D. Hatch, Esq.
	1267 Berkshire Lane, Suite 200
	Tarpon Springs, FL 34688
6. The name and (if changed):	NRAI Services, Inc. 2731 Executive Park Drive, Suite 4 (P.O. Box NOT acceptable) Weston, FL 33331
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	(P.O. Box NOT acceptable) Weston, FL 33331
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.
(Signatu	Jon D. Curtis, Assistant Secretary (Printed or typed name and title)
	t 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 nd 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 us been notified in writing of this change.
Apr	ignature of Registered Agent) Q 11/0 (Date)
	ehalf of an entity:
	egistered Agents, Inc.
	Typed or Printed Name)

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