

F 09000001273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

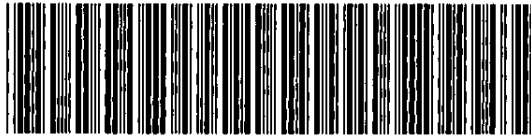
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2012
T. ROBERTS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 182078 7692868
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 35

ORDER DATE : April 25, 2012
ORDER TIME : 9:30 AM
ORDER NO. : 182078-005
CUSTOMER NO: 7692868

CHANGE OF AGENT

NAME: EXPENSE REDUCTION ANALYSTS
GLOBAL INSURANCE CONSULTING
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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

1. The name of the corporation: EXPENSE REDUCTION ANALYSTS GLOBAL INSURANCE CONSULTING SERVICES, INC.
2. The principal office address: 7280 N.W. 87th Terrace, Kansas City, MO 64153
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/27/2009 Document number: F0900001273

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 East Park Avenue
Tallahassee, FL 32301 US

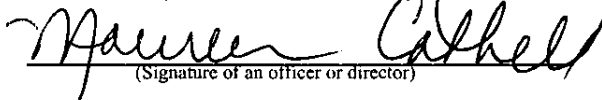
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

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

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

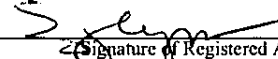
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Maurcen 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

By: 
(Signature of Registered Agent)

04/25/2012
(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