F09000002770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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DATE: 3/27/13

NAME: TRIGEN INSURANCE SOLUTIONS, INC.

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

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ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

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: TRIGEN INSURANCE SOLUTIONS, INC.

2. The principal office address:

315 SE Mizner Blvd., Suite 200 Boca Raton FL 33432

3. The mailing address (if different):

315 SE Mizner Blvd., Suite 200 Boca Raton FL 33432

4. Date of incorporation-qualification: July 10, 2009 Document number: F09000002770

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPOPRATE CREATIONS NETWORK INC.

11380 PROSPERITY FARMS ROAD, #221E

PALM BEACH GARDENS, FL 33410

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

National Corporate Research, Ltd., Inc.

155 Office Plaza Drive

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

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.

Signature of Registered Agent

3/26/2013

Date

If signing on behalf of an entity:

Lucy Rose, Assistant Secretary

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

CR2E045 (03-12)