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Division of Corporations

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F09000002770

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
TRIGEN INSURANCE SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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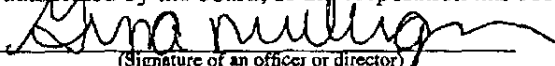
15 APR 13 AM 11:42

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**


1. The name of the corporation is: TriGen Insurance Solutions, Inc.
2. The principal office address: 315 SE MIZNER BLVD SUITE 213
BOCA RATON FL 33432
3. The mailing address (if different): 315 SE MIZNER BLVD SUITE 213
BOCA RATON FL 33432
4. Date of incorporation/qualification: 7/10/2009 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:
RHODEN, WILLIAM C
315 SE MIZNER BLVD, SUITE 213
BOCA RATON FL 33432
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
(P.O. Box Not acceptable)
Palm Beach Gardens FL 33410

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.

 by Gina Mulligan as Attorney-in-Fact
(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.*

 4/13/2015
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Gina Mulligan, Special Secretary
(Typed or Printed Name)

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

Corporate Creations International Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens FL 33410
(561) 694-8107

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