F12000004602

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

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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RESULT	OK
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TRANSMISSION VERIFICATION REPORT

TIME : 03/20/2012 09:34
NAME : CT CORPORATION
FAX : 8656336092
TEL : 8656423522
SER.# : BROK9J985100

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YOUZOOM INSURANCE SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F10000004602

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_____
Name of Contact Person

_____
Firm/Company

_____
Address

_____
City/State and Zip Code

pbriand@bbinslegal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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

CR2E045 (8/05)

03/26/2012 10:02 8656336092 CT CORPORATION PAGE 03/04

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: YOUZOOM INSURANCE SERVICES, INC.

2. The principal office address:
   701 B STREET SUITE 2100 SAN DIEGO CA 92101

3. The mailing address (if different):
   701 B STREET SUITE 2100 SAN DIEGO CA 92101

4. Date of incorporation/qualification: 10/19/2010 Document number: F10000004602

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)

   HIQ CORPORATE SERVICES INC

   1574 VILLAGE SQUARE BLVD SUITE 100

   TALLAHASSEE FL 32309

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

   C T Corporation System

   c/o C T Corporation System, 1200 South Pine Island Road
   P.O. Box NOT acceptable

   Plantation, Florida 33324

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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 — Sharlin Aldao, 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.

By: C T Corporation System
Signature of Registered Agent

03/09/2012
Date

If signing on behalf of an entity:

Kristin Bolden
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 (8/05)

FL006 - 07/21/2009 C T System Online