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Division of Corporations

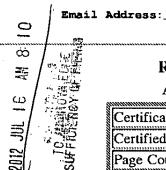
Fax Number : (850) 617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : 12000000195 : (850)521-0821 : (850)558-1515 Phone Fax Number

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



REGISTERED AGENT CHANGE AMERICAN PHYSICIANS, INC.

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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 nge is submitted for a corporation organized under the laws of the State of Arizona r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: AMERICAN PHYSICIANS, INC.
2. The principal	office address: 2020 N. Central Avenue, #5050, Phoenix, AZ 85004
3. The mailing a	ddress (if different): 1123 PAcific Avenue, Tacoma, WA 98402
4. Date of incorp	poration/qualification: 11/14/2011 Document number: F11000004596
	street address of the current registered agent and registered office on file with the trnent of State:
	C T Corporation System
	1200 South Pine Island Road
	Plantation, FL 33324 Plantation, FL 33324 Street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	Sheet address of the new registered again (if changed) and for registered office
	Corporation Service Company 5
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Ma	Maureen Cathell, Vice President (Printed or typed name and little)
I hereby accept I further agree t of my duties, an document is bei corporation has Corporati	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 ad I am familiar with and accept the obligation of my position as registered agent. Or, if this and filed merely to reflect a change in the registered office address. I hereby confirm that the seen notified in writing of this change. on Service Coppany
By: (Sig	gnature of Registered Agent) July 12, 2012 (Date)
If signing on be	chalf of an entity:
	y, Assistant VP
(3	Typed or Printed Name)
;	* * * FILING FEE: \$35.00 * * *
	Make checks payable to Florida Department of State

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)