F93000000348

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						



RA ROICHS



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01/04/06--01039--004 **70.00



Bay State Corporate Services, Inc. Six Beacon Street, Ste. 510 Boston, MA 02108 (617) 742-8484 Fax: (617) 742-8482

December 19, 2005

Enclosed you will find (2) Corporate Change of Agent filing(s) for FL-SOS

Subject name(s):

- 1.) PENN INDEPENDENT CORPORATION
- 2.) STRATUS INSURNACE SERVIES, INC.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$70.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

Suzanne Cryan

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Penn Independent Corporation (Name of corporation)						
(waine of corporation)						
DOCUMENT NUMBER: F93000000348						
The enclosed Statement of Change of Registered Office/Agent and fee	e are submitted for filing.					
Please return all correspondence concerning this matter to the followir	2					
rease return an correspondence concerning this matter to the following	ıg.					
Jessica Lappin						
(Name of person)						
P. G G G Y						
Bay State Corporate Services, Inc. (Name of firm/company)						
(Name of Intercompany)	,					
6 Beacon Street, Suite 510						
(Address)						
Boston, MA 02108						
(City/state and zip code)						
For further information concerning this matter, please call:						
Jessica Lappin at (617) 742-8484 (Area code & daytime telephone number)					
(Name of 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 409 E. Gaines Street Tallahassee, FL 32399					

CR2E045(09/03)

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

	provisions of sections 607.05				-
-	tted for a corporation organi		, ,	sylvania	in order
to change its reg	istered office or registered a	gent, or both, in th	e State of Florida.		
1. The name of t	he corporation: Penn Inder	endent Corporat	ion		<u> </u>
2. The principal	office address: 420 5.	York Rd,	HATboro,	PA 19040	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 1/25/1	9931	Document number: F	93000000348	
	street address of the current tment of State:	registered agent ar	nd registered office on		
	CT Corporation System				O _S
	1200 South Pine Island R	oad		P.	47
	Plantation, FL 33324			Pi	E E K
					SCO MA
6. The name and (if changed):	street address of the new reg	gistered agent (if cl	nanged) and /or registe	ered office	OS JAN MOO
	NRAI Services, Inc.				A.
	2731 Executive Park D	rive, Suite 4			
	(P.O. I	Box or personal mailbox l	NOT acceptable)		
	Weston, FL 33331				
The street addre	ess of its registered office an identical.	d the street addres	ss of the business offi	ice of its registered	I agent, as
Such change wa the board, or the	ns authorized by resolution of e corporation has been notif	duly adopted by it ied in writing of the	s board of directors on the change.	r by an officer so a	authorized by
grun	Wikanan			م وربر يح n, Vice President	
$\boldsymbol{\mathcal{O}}$	ngnature of an officer or director) the appointment as register	ed agent and agre	•	For typed name and title)	
I further agree to duties, and I am being filed mere	to comply with the provision familiar with and accept the ely to reflect a change in the writing of this change.	is of all statutes re	elative to the proper o	and complete perfo	ormance of my is document is oration has
NRAI Services	, Inc.		. 1 . 1 -	_	
by:	(Signature of Registered Agent)		10/28/200	(Date)	
If signing on be	half of an entity:				
Suzanne Crya	n		Vice President		
	(Typed or Printed Name)			(Capacity)	

* * * FILING FEE: \$35.00 * * *