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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Worldwide Insurance Associates, Incorporated
	(Name of corporation)
DOCU	MENT NUMBER: F93000003967
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ruth A. McKenty
	(Name of contact person)
	Worldwide Insurance Associates, Inc. (Firm/Company)
	600 Cameron Street (Address)
	(
	Alexandria, Va 22314
	(City/state and zip code)
For fur	ther information concerning this matter, please call:
Ruth A	. McKenty at (703340167) (Name of contact person) (Area code & daytime telephone number)
	(Name of contact person) (Area code & daytime telephone number)
Enclose	ed 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 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319

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: Worldwide Insurance Associates, Inc.	_
2. The principal office address: 600 Cameron Street, Alexandria, Va 22314	
3. The mailing address (if different):	_
4. Date of incorporation/qualification: August 24, 1993 Document number: FF93000003967	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
CT Corporation 5	
1200 South Pine Island RD.	
Plantation, FL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
James L. Almaraz / Worldwide Insurance Associates, Inc.	
7200 NW 19th Street , Suite 300	
(P.O. Box NOT acceptable)	
Miami, FI 33126	
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.	
Ruth A. McKenty, Executive Vice President (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.	
Jaceu J. Ollus Avgust 9, 2005 (Signature of Registered Agent)	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
James L. Almaraz (Typed or Printed Name)	

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