ARDIEL INSURANCE SERVICE, INC.

Administration and Marketing 1840 Ogden Drive, Burlingame, California 94010 Telephone (415) - 697-4000

F95000003951

May 21, 1997

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Change of Registered Agent [F95000003951 (9)]

Dear Division of Corporations:

Enclosed is the "Statement of Change of Registered Agent" for Ardiel Insurance Service, Inc. We have recently received letter from the Florida Department of Insurance requesting this change. Our annual report was mailed to you in January. We understand that there is no additional charge for this designation.

If you have any questions, please feel free to call me at ext. 1237.

Thank you.

Sincerely,

Administrative Assistant

Enclosure

100002222691--3 -06/25/97--01078--002 ******35.00 ******35.00

RECEIVED
97 MAY 27 AM 9: 11
DIVISION OF CORPORATIONS

M Chang



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 9, 1997

JENNIFER C. CAYABYAB, ADMIN. ASST. ARDIEL INSURANCE SERVICE, INC. 1840 OGDEN DRIVE BURLINGAME, CA 94010

SUBJECT: ARDIEL INSURANCE SERVICE, INC.

Ref. Number: F95000003951

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Please accept our apology if you was informed by the office, that there is no additional charge. There is a filing fee of \$35 due.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6905.

Letter Number: 197A00030795

Thelma Lewis
Corporate Specialist Supervisor

Florida Department of State, Sandra B. Mortham, Secretary of State

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

undersigned corposubmits the follow	oration organized under	the laws of the Si	2, 607.1508, or 617.150 ate of <u>Californi</u> istered office or register	a
State of Florida. 1. The name of the	ne corporation is: Ard:	iel Insuranc	e Service, Inc.	
2. The mailing ad	Idress of the corporation	n is: <u>1840 Og</u>	den Drive	
		Burling	ame, CA 94010	
Date of incorp The name and	oration/qualification:address of the current r	2/27/84 egistered agent an	Document number d office:	: <u>F95000003951 (9)</u>
	Insurance Co	ommissioner		
•	Capitol			
•	Tallahassee	, FL 32399-	0300	9 V.
5. The name and	address of the new regi	istered agent and o	office: (P.O. Box Not Ac	SECRETAR VISION OF THE Sceptable)
	Gregg Kroma	n		
	611 S. Fede	ral Hwy. Sui	te B	AH 444 25
	Stuart, FL	34994		
The street addre	ess of its registered office ed, will be identical.	e and the street ad	dress of the business offi	ce of its registered
Such change wa	s authorized by resolution board.	on duly adopted by	y its board of directors o	r by an officer so
10.0×	· L. D) Lie		MAY 21,1	
(Signature of an off	icer, chairman or vice chairm	an of the board)	(Date)	
	Robert S.	DeLue, Secr		
		(Printed or typed nar		shove stated corporation
I hereby accept comply with the and I am famili	the appointment as regional the appointment as regions of all statute ar with and accept the control of the con	i difficit to accept set istered agent and es relative to the publication of my p		bove stated corporation, city. I further agree to formance of my duties, nt.
They (Spratur	e of Registered Agent)	· ,	5-12-99 (Date)	
If signing on be	ehalf of an entity:			
Cuosa Vra			REGIONAL SAL	ES MANABER

(Capacity)

Greag Kroman
(Typed or Printed Name)