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To:

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Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

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	ALKLI MANA			

## REGISTERED AGENT CHANGE AMERISAFE RISK SERVICES, INC.

Certificate of Status	0
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Roberts OCT 0 5 2010

CR2E045 (8/05)

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

statement of ch		2. 607.1508, or 617.1508. Florida Statutes, this wed under the laws of the State of Louisiana red agent, or both, in the State of Florida.	
1. The name of	the corporation: AMERISAFE RISK SI	ERVICES, INC.	<del></del>
	d office address:		<del></del>
-			
4. Date of inco	rporation/qualification: 05/21/1998	Document number: P98000002887	
	nd street address of the current registered age artment of State:	ent and registered office on file with the	. <b>. .</b>
	Brian S. Duffy	}}!!!** (14) **!!!!** 	8
	1706 Hermitage Blvd., Suite 200		10 OCT -5 PM
·	Tallahassee, FL 32308		5 P
6. The name an (if changed):	d street address of the new registered agent  Corporation Service Company	(if changed) and /or registered office	1 2:50
	1201 Hays Street  (P.O. Box NOT **** Decay to the street of the street o		
ı	Tallahassee, FL 32301		
_		ddress of the business office of its registered agent,	
Such change wanthorized by t	as anthorized by resolution duly adopted the board, or the corporation has been notified.	by its board of directors or by an officer so fied in writing of the change.	
De	nea proper	Blanca Lozada, Attorney in Fact	
(hereby acception for the following for the foll	t the appointment as registered agent and to comply with the provisions of all statute and I am familiar with and accept the obliging filed merely to reflect a change in the is been notified in writing of this change.	agree to act in this capacity. les relative to the proper and complete performance vation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
D [A/	ion Service Company	10/01/2010 (Case)	
	shalf of an entity:		
	Dawson, Asst. Vice President Typed or Printed Name)		
(	1ypci of Finites (13mb)  * * * FILING FEE	2: \$35.00 * * *	
	STATE OF PERSON		

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314