

12/16/2005 16:50

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CT CORPORATION SYSTEM

PAGE 01 02

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
05 DEC 16 AM 10:00
TALLAHASSEE, FLORIDA
CLERK OF STATE

RECEIVED

05 DEC 16 AM 8:00

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

AMTRUST FINANCIAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing

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12-19:05

<https://efile.sunbiz.org/scripts/efilecovr.exe>

12/16/2005

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 Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AmTrust Financial Services, Inc.
2. The principal office address: 200 Ohio Savings Plaza
1801 East Ninth St., Cleveland, OH 44114
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/18/1998 Document number: F98000004710
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
James Sadoek, Jr.
Amtrust Bank, 5550 Glades Rd., #100
Boca Raton, FL 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

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.

By: [Signature] Ray E. Leckman, SUP
(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.

CT Corporation System
[Signature]
(Signature of Registered Agent)

12-16-05

(Date)

If signing on behalf of an entity:

Diane Stout, Asst. Secretary

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E043 (8/03)