IQANNYC	$K( \cap$
TRANSMITTAL LETTER	
Amendment Section Division of Corporations	AUG 21 PH
SUBJECT: EXPORT INSURANCE SERVICES, INC. (Name of corporation)	
DOCUMENT NUMBER: F99000004140	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for	filing.
Please return all correspondence concerning this matter to the following:	
Gail H. Wilson	
(Name of person)	
Export Insurance Services, Inc. (Name of firm/company)	 
PO Box 211837 (Address)	01032010
Augusta, GA 30917-1837 (City/state and zip code)	
For further information concerning this matter, please call:	
Jim Colquittat ( 706 )396-3178(Name of person)(Area code & daytime telephone number)	. 5
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address Street Address	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

٣

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(07/02)

Esfrator Refue

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

<u>Georgia</u>	in order to change its registered office or registered agent, a	or both <u>t; in</u> the State
of Florida.		
1. The name	of the corporation: EXPORT INSURANCE SERVICES, INC.	AH AUG
2. The princi	pal office address: 3685_01d_Petersburg_Road, Suite 150	ASSE 1
	Martinez, GA 30907	
3. The mailin	ng address (if different): <u>PO_Box_211837</u>	
	Augusta, GA 30917	
4. Date of in	corporation/qualification:	F99000004140
	and street address of the current registered agent and registered office o epartment of State:	n file with the
	Corporation Service Company	
	<u>1201 Hays Street</u>	<del></del>
	Tallabassee, FL 32301-2525	
6. The name changed):	e and street address of the new registered agent (if changed) and /or	registered office (if
	Drake Finance Group, Inc.	
	5201 Blue Lagoon Dr. #807	
	•	· · · · · · · · · · · · · · · · · · ·
	5201 Blue Lagoon Dr. #807	· · · · · · · · · · · · · · · · · · ·
The street ad agent, as cha	5201 Blue Lagoon Dr. #807 (P.O. Box or personal mailbox NOT acceptable)	ce of its registered
agent, as cha Such change authorized by	5201 Blue Lagoon Dr. #807 (P.O. Box or personal mailbox NOT acceptable) Miami, FL 33126 Idress of its registered office and the street address of the business offi	r by an officer so ge.
agent, as cha Such change authorized by Signature of an of I hereby acco I further agr performance registered ag	5201 Blue Lagoon Dr. #807 (P.O. Box or personal mailbox NOT acceptable) Miami, FL 33126 Idress of its registered office and the street address of the business offi inged will be identical. was authorized by resolution duly adopted by its board of directors of y the board, or the corporation has been notified in writing of the chan a chair with the street address of the business office and the street address of the business office y the board of the corporation duly adopted by its board of directors of y the board, or the corporation has been notified in writing of the chan a chair with the street address of the business of the bus	t by an officer so lege. e) ity. ind complete position as he registered

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314