March 3, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Fla. 32314

Re:

ASI AGENCY, INC. Document No. J69695

Dear Sir or Madam:

I enclose herewith a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH for the above-referenced corporation, along with a filing fee in the amount of \$35.00.

Please see that the appropriate changes are made to your records.

Thank you for your anticipated cooperation.

Yours truly,

BARBARA J. KRASNOVE, P.A.

BARBARA J. KRASNOVE

Enclosures cc: Client

TALLAHASSEE, FLORIDA

*****35.00 *****35.00

PACH9 CR656

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

-	•	502, 617.0502, 607.1508, the laws of the State of	•	rida Statutes, ´
-	-	hange its registered office		nt, or both, in
1. The name of the co	orporation is: ASI Ago	ency, Inc.		, n
2. The mailing address	ss of the corporation is:)6
		Coral Springs, Fl	a. 33065	
3. Date of incorporat	ion/qualification: 4/27	/87 Docum	ent number: <u>J69</u>)695
4. The name and addr	ess of the current register	red agent and office:		
Mich	Michael R. Flam			TAL SE OO
2858 University Drive			· ·	MAR -6 PM 12: 5
Coral Springs, Fla. 33065				ASS.
5. The name and addr	ess of the new registered	l agent and office: (P. O. l	Box Not Acceptable	e)EO P
Barbara J. Krasnove				F. 6. 15.
<u>2856</u>	University Drive			S8
Cora	l Springs, Fla. 330	065		D'
The street address of agent, as changed, w	its registered office and ill be identical.	the street address of the	business office of	its registered
Such change was autauthorized by the boa	horized by resolution du	lly adopted by its board o	of directors or by ar	ı officer so
		п	1/14/0	٥
(Signature of an officer, chairman or vice chairman of the board) (D				
	Stein, President	t		
	Printed or typed name and title)		C 4 1	
corporation, I hereby I further agree to con performance of my dregistered agent.	is registered agent and a cacept the appointmen appointmen apply with the provisions uties, and I am familiar	to accept service of proce t as registered agent and of all statutes relative to with and accept the oblig	ess for the above st agree to act in this the proper and co gation of my position	atea s capacity. mplete on as
Barbar	ce of Registered Agent)	ne.	3/3/00	
(Signatur	e of Registered Agent)		(Date)	
If signing on behalf of an	entity:			
(Typed o	or Printed Name)		(Capacity)	
	* * * FILD	NG FEE: \$35.00 * * * -		
CR2E045(7/97)		•		

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS