404216

Insurance Xpress Inc.

11380 Prosperity Farms Rd. Suite # 215 Palm Beach Gardens, FL 33410

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1 | |
|---|---|
| (Corporation Name) | (Document #) |
| 2. (Corporation Name) | (Document #) 2000047343924 -12/20/0101048013 ******35.00 ******35.00 |
| 3(Corporation Name) | ******35.00 ******35.00 (Document #) |
| 4. (Corporation Name) Walk in Pick up time | (Document #) |
| ☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait | ☐ Photocopy ☐ Certificate of Status |
| NEW FILINGS | AMENDMENTS S S |
| Profit Not for Profit Limited Liability | Amendment Resignation of R.A., Officer/Director Change of Registered Agent |
| Domestication Other | Dissolution/Withdrawal Merger |
| OTHER FILINGS | REGISTRATION/QUALIFICATION |
| Annual Report Fictitious Name | REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other |
| | Examiner's Initials |

CR2E031(7/97)

4/29/01

OFFICER / DIRECTOR RESIGNATION

| I, JACOB P. RUS, hereby resign a OFFICER | TREA | SUR | t, Vicedeside |
|--|------|--------|-----------------|
| of INSURANCE XPRESS, INC. (Name of Corporation) | | OJ DEC | (SOCCIME) |
| a corporation organized under the laws of the State of FLOR; WA | | 20 AH | Granden Company |
| and affirm that the corporation has been notified in writing of the resignation. | | 1:01 | |
| (Signature of resigning officer/director) | | | |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314