ARNSTEIN & LEHR

515 NORTH FLAGLER DRIVE - SUITE 600 WEST PALM BEACH, FLORIDA 33401-4323

John A. Turner JAT@arnstein.com February 19, 1999

BOCA RATON, FLORIDA

CHICAGO, ILLINOIS

HOFFMAN ESTATES, ILLINOIS

MILWAUKEE, WISCONSIN

Secretary of State
Division of Corporations
Amendments Division
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary of State:

100002783421--6 -02/22/99--01129--013 ****105.00 ******35.00

Enclosed please find the following:

- 1. Statement of Change of Registered Office or Registered Agenty 的语句 Florida Vehicle Insurance Agency, Inc.;
- 2. Statement of Change of Registered Office or Registered Agent, or Both for Florida No-Fault Premium Finance, Inc.; and
- 3. Amendment to Articles of Incorporation of Florida Vehicle Insurance Agency, Inc.
- 4. Our firm check number 5635 in the sum of \$105 representing the filing see of \$35 for each document.

Please file the same and return to the undersigned a stamped copy of each. Should you have any questions regarding the enclosed, please do not hesitate to contact the undersigned.

Sincerely,

John A. Turner

JAT/lkd Enclosures 65294_1

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of Sections 607.0502, 617.0502, 607.1508 and 617.1508 Statutes, the undersigned corporation, organized under the State of Florida, submits the following statement in order to change its Registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Florida Vehicle Insurance Agency, Inc.
- 1a. Date of incorporation: December 19, 1988 Document No.: K52287
- The name and address of the present registered agent and office;

Renee Blustein 2755 N.W. 63rd Court Ft. Lauderdale, FL 33309

3. The name and address of the successor registered agent and office:

Wesley A. Lauer Arnstein & Lehr 515 N. Flagler Drive, Suite 600 West Palm Beach, FL 33401

Such change was authorized by resolution duly adopted by its board of directors.

DATE Ofones Blue

(President or Vice President)

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE. | HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

DATE 2-18-99 SIGNATURE / Helent Age

(Registered Agent)

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