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NEW FILINGS	
	AMENDMENTS A
 Profit Not for Profit 	Amendment Resignation of R.A., Officer/Director
Limited Liability	\Box Change of Registered Agent \Box
DomesticationOther	Dissolution/Withdrawal
	Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
	Trademark
	Other Willer
CR2E031(7/97)	Examiner's Initials

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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, the undersigned corporation organized under the laws of 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 : THE INSURANCE CENTER

5201 2. The mailing address of the corporation : HARK RIVIC 33 3. Date of incorporation/qualification: _______ 7528 Document number: \leq 4. The name and address of the current registered agent and office: AMELA MCVEIGH 2519 Mc Mullen Rooth Rd, 200 33761 5. The name and address of the new registered agent (if changed) and/or registered office (if cha (P. O. Box Not Acceptable) VMOND 240 200 38756

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.

Hamok M Merleith Vo. Sect	5/29/02
(Signature of an officer, chairman or vice chairman of the board)	(Date)
PAMELA MMCVEIGH WSctz (Printed or typed name and title)	

Having been named as registered agent and to accept service of process for the above stated corporation, 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 paties, and I am familiar with and accept the obligation of my position as

registered ager Signature of Registered Agent

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

DIVISION OF CORPORATIONS