

CT CORPORATION SYSTEM

K94016

CORPORATION(S) NAME

Wittner Insurance Network, Inc.

FILED  
01 AUG -9 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA  
Change

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger     |
| <input type="checkbox"/> Nonprofit           |   |                                     |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reinstatement          |                                     |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other      |
|  | <input type="checkbox"/> Name Registration      | (X) Change of RA                    |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC        |
|  | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS        |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30 |
| (x) Walk In                                  | <input type="checkbox"/> Will Wait              | (x) Pick Up                         |
| <input type="checkbox"/> Mail Out            |   |                                     |

Name 8/9/01  
Availability  
Document  
Examiner  
Updater  
Verifier  
W.P. Verifier

8/9/01

Order#: 4711304

600004527716--1

-08/10/01--01003--011

Ref#:

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Amount: \$

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

**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 is: Wittner Insurance Network, Inc.

2. The mailing address of the corporation is: 2 Metroplex Drive, Suite 220  
Birmingham, AL 35209

3. Date of incorporation/qualification: 06-07-1989 Document number: K94016

4. The name and address of the current registered agent and office:

Ted P. Wittner

5999 Central Avenue, Suite 400

St. Petersburg, FL 33710

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

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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

W. Todd Carlisle  
(Signature of an officer, chairman or vice chairman of the board)

07-30-2001

(Date)

W. Todd Carlisle, Vice President and Secretary

(Printed or typed name and title)

July 30, 2001  
(Date)

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 duties, and I am familiar with and accept the obligation of my position as registered agent.

Dale W. Morris  
(Signature of Registered Agent)

July 31, 2001  
(Date)

If signing on behalf of an entity:

**DALE W. MORRIS**  
**ASSISTANT VICE PRESIDENT**

(Typed or Printed Name)

(Capacity)