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From:

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EXAMINER

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	108, Florida Statutes, the undersigned limited ar to change its registered office or registered
1. Name of the limited liability company:Merrimac.M	arine Insurance. LLC
2. (a) Principal office address of limited liability company	Merriman Marine Insurance, LLC
(Note: MUST BE STREET ADDRESS)	1020 Orlando Ave. #200 Maitland, FL 32751
(b) Mailing address of limited liability company:	Merrimac Marine Insurance, LLC
(Note: MAY BE POST OFFICE BOX)	1020 Orlando Ave. #200 Maitland, FL 32751
6-27-2002	L02000016326
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Terry C. James
Registered Office Address:	1830 Alaqua Lakes Blvd. Longwood, FL 32779
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> ;	National Corporate Research
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee Fly 32301.
If the limited liability company is not organized under the legenfurmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company or the operating agreement of the limited liability company.	orida street address of the registered office! ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Larry M Karren Printed or typed name of signer	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provided in a familiar with and accept the obligations of my possible to the provided to the provided to the company of the compan	gree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00	