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2005 MAR 23 P 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

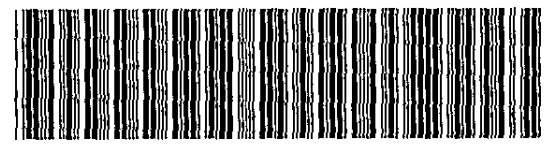
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(Business Entity Name)

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**FILED**

2005 MAR 23 P 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 16, 2005

**VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Collier Insurance Services LLC**  
**Statement of Change of Registered Agent**

Dear Sir/Madam:

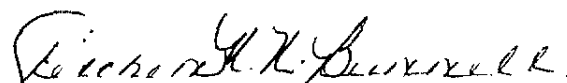
Enclosed for filing with your office, please find the following items in order to change the registered agent on record for Collier Insurance Services LLC:

1. An original and one copy of the Statement of Change of Registered Office or Registered Agent for Limited Liability Company; and
2. A check in the amount of \$25.00 to cover the filing fees.

Upon your review of the enclosed and if everything is satisfactory, please file and return your acknowledgment of same to me.

Please call me with any questions (collect) at 216-274-2217.

Sincerely yours,

  
Gretchen M. Nine-Bunnell  
Paralegal

Enclosures

cc: Jeffrey M. Folkman, Esq. (w/o encl.)

CLE - 882631.1

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned ~~limited liability company~~ **FILED** 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 limited liability company is: COLLIER INSURANCE SERVICES, LLC **FILED** **2004 MAR 23 P 2: 27**

2. The mailing address of the limited liability company is: 6609 Willow Park Road, Naples  
Florida 34109 **SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

3. Date of filing/registration in Florida 12/17/2004 4. Document number L04000091182

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Naples-Lawdock, Inc.  
Name  
1395 Panther Lane, Suite 300  
Address  
Naples, FL 34109  
City, State and Zip

6. The name and address of the new registered agent and/or office:

D. Michael Sherman  
Name  
15730 Pipers Glen  
Florida street address (P.O. Box NOT acceptable)  
Fort Myers, FL 33912  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dawson, of Florida L.C., sole member  
By: D. Michael Sherman  
(Signature of a member or authorized representative of a member)

D. Michael Sherman, Chief Executive Officer  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

D. Michael Sherman  
(Signature of Registered Agent)  
D. Michael Sherman

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