050000007114

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	•
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special institutions to Family Officer.	
	1

Office Use Only



200079962812

09/25/06--01021--007 **25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

3. BRYAN SEP 2.6 2006

COVER LETTER

TO: Registration Sec Division of Corp				- محبب بند
SUBJECT: Consume			a, LLC lity Company)	-
Dear Sir or Madam:				-
The enclosed Registered	l Agent/Registered C	office Change	e and fee(s) are submitted for fi	ling.
Please return all corresp	ondence concerning	this matter to	the following:	
Alan M. Burger, Esqu				
0	lame of Person)			9
Burger, Farmer & Co	ohen Pl			06 S
	irm/Company)		· · · · · · · · · · · · · · · · · · ·	节2
1601 Forum Place, S	uite 404			O6 SEP 25 PM 3: 23
	(Address)			ب اگران اگران
West Palm Beach, Flor	ida 33401			w E
	State and Zip Code)		-	•
For further information	concerning this matte	er, please cal	l :	
Alan M. Burger, Esqui	re	at (561_) 689-1663 x 301	
(Name of	Person)	· · · · · · · · · · · · · · · · · · ·	(Area Code & Daytime Teleph	one Number)
STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, Florid	on rations enter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a ch	eck for the followin	g amount:		
▼ \$25 Filing Fe	•	S55 Filing Fee & Certified Copy		

INHS18 (8/05)

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 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 limite	ed liability company is: Consumer S	Select Insurance of America, LLC	
2. The mailing address of	f the limited liability company is:	52 Third Street NW	
Winter Haven, Florida 3388	31	<u> </u>	
July 8, 2005		L05000067114	
3. Date of filing/registrat	ion in Florida	4. Document number	
5. The name of the register Florida Department of	ered agent and the registered office State:	address as shown on the record	ds of the
· · · · · · · · · · · · · · · · · · ·	Burger, Trailor & Farmer, P.A.	<u> </u>	-
	Name		57
	1601 Forum Place, Suite 404		8
	Address West Palm Beach, Florida 33401	•	S 555
	City, State and Z		SEP 25
6. The name and address	of the new registered agent and/or	office:	5 PA
	Burger, Farmer & Cohen, P.L.		3: OR A
	Name		23
	1601 Forum Place, Suite 404		3 5
	Florida street address (P.O. Box	NOT acceptable)	
	West Palm Beach, FL 3340		a.
	City, State and Zip)	
confirmed that after the c and the business office of liability company, it is he of the members of the lir	mpany is not organized under the la hange or changes are made, the Flo the registered agent will be identicated the confirmed that the change(s) nited liability company or as other and of the limited liability company.	orida street address of the regist cal. Or, in the case of a Florida was/were authorized by an affir wise provided in the articles of	tered office limited rmative vote
(Signature of a member or author	ized representative of a member)	•	,
	ALM BIN		
(Printed or typed name of signee	u		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agent and ag is of all statutes relative to the proj id accept the obligations of my pos this document is being filed to mer That the limited liability company	ree to act in this capacity. I fin per and complete performance ition as registered agent as pro ely reflect a change in the regis has been notified in writing of	rther agree to of my duties, vided for in stered office this change.
(Signature of Registered Agent)		L1. 5	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00