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## REGISTERED AGENT CHANGE

## HUNT INSURANCE GROUP, LLC

Certificate of Status	0
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OCT - 6 2008

**EXAMINER** 

## 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. Name of the limited liability company:	Hunt Insurance Group, LLC		
	isbility company: 3606 MACLAY BLVD, SOUTH		
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	BOX) TALLAHASSEE FL 32317-2909		
4/27/2006 3. Date of filing/registration in Florida	L06000043961 4. Document number		
	Office shown on the records of the Florida Dept. of State:		
Registered Agent:	CORPORATION SERVICE COMPANY		
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301-2525		
	ω	1	
(b) Enter name of NEW Registered A	gent and/or NEW Registered Office address:	1	
NEW Registered Agent:	C T Comparation System		
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	1	
	Plantation P.FL 33324		
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.  (Signature of a member or authorized representative of a member)  Jalmie Patti, Manager  (Printed or typed name of signee)			
	tered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, and I as of my position as registered agent as provided for in Chapter 608 merely reflect a change in the registered office address, I hereby has been notified in writing of this change.  Megan G. Ware  Assistant Secretary	,	
Division of Corpor	ations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

(NH\$18 (05/08)

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