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2 MD Bar Only
3 PA Bar Only

June 9, 2009

FEDERAL EXPRESS

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **EXCLUSIVE INSURANCE PGA, LLC**

Dear Sir/Madam:

Enclosed for filing is an original + 1 copy of a Statement of Change of Registered Office/Agent for the above-referenced LLC, along with our check in the amount of \$25 to cover the filing fee.

Kindly return a stamped filed copy of the enclosure via the Fed X return envelope provided.

Very truly yours,

GAYE L. GREENWALD
Paralegal

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: EXCLUSIVE INSURANCE PGA, LLC

2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

16 MOUNT BETHEL ROAD, SUITE 322
WARREN NJ 07959

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

Same as above

04/20/2009

3. Date of filing/registration in Florida

L09000037797

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

C T CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Lisa Goldman

NEW Registered Office Address:

6970 Long Leaf Drive

(MUST BE FLORIDA STREET ADDRESS)

Parkland, FL 33076

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

Lisa Goldman

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.

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
JUN 10 AM 11
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TALLAHASSEE, FL