

M00000001720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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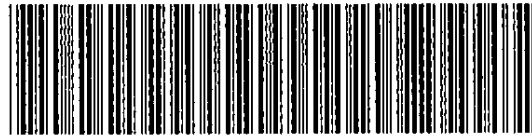
(Business Entity Name)

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B. KOHR

JUN 14 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 407537 7123596  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

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ORDER DATE : June 7, 2010  
ORDER TIME : 10:50 AM  
ORDER NO. : 407537-010  
CUSTOMER NO: 7123596

CHANGE OF AGENT

NAME: CHAMBER INSURANCE AGENCY  
SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS: \_\_\_\_\_

**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: CHAMBER INSURANCE AGENCY SERVICES, LLC

2. (a) Principal office address of limited liability company: 100 Executive Dr.  
West Orange, NJ 07052  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 100 Executive Dr.  
Attn: Gene Bebout  
West Orange, NJ 07052  
*(Note: MAY BE POST OFFICE BOX)*

08/28/2000  
3. Date of filing/registration in Florida

M00000001720  
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: Corporation Service Company  
NEW Registered Office Address: 1201 Hays Street  
*(MUST BE FLORIDA STREET ADDRESS)* Tallahassee, FL 32301

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.

Blanca Lozada  
(Signature of a member or authorized representative of a member)

Blanca Lozada, Attorney in Fact  
(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.*

By: Elizabeth A. Dawson  
(Signature of Registered Agent)

Elizabeth A. Dawson, Asst. Vice President  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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