

MO3 00000 1898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

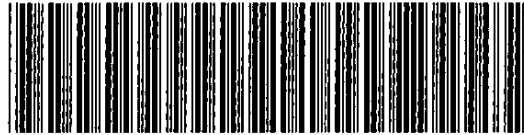
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. CLINE

FEB 13 2008

EXAMINER

PREMIER

CORPORATE SERVICES, INC.

200 West Adams Street, Suite 2007
Chicago, IL 60606
(312) 346-3606 (800) 934-2556
Fax: (312) 346-3607

February 7, 2008

VIA REGULAR MAIL

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

RE: Allied North America Insurance Brokerage of Washington D.C., LLC

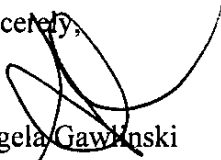
Dear Sir or Madam:

Enclosed please find a form to change the registered agent/office for the above named referenced in your state. Also enclosed is a check for the required fee. Please file with your office and return evidence to my attention in the enclosed self addressed stamped envelope.

If you have any questions, please don't hesitate to call using our toll free line at 1-800-934-2556.

Thank you.

Sincerely,


Angela Gawlinski
AG/cv
Encl.

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allied North America Insurance Brokerage of Washington D.C., LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Gawlinski
(Name of Person)

Premier Corporate Services, Inc.
(Firm/Company)

200 West Adams, Suite 2007
(Address)

Chicago, IL 60606
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Angela Gawlinski at (312) 346-3606
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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 limited liability company is: Allied North America Insurance Brokerage of Washington D.C., LLC

2. The mailing address of the limited liability company is : _____
390 N Broadway Jericho NY 11753

6/11/2003
3. Date of filing/registration in Florida

M03000001898
4. Document number

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

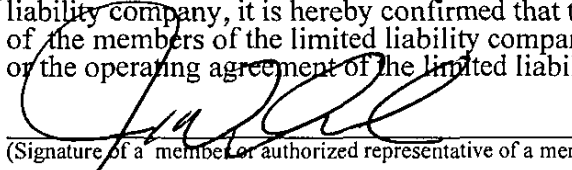
Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301-2525
City, State and Zip

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

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box **NOT** acceptable)
Weston FL 32331
City, State and Zip

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TALLAHASSEE, FLORIDA

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.

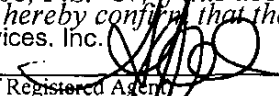


(Signature of a member or authorized representative of a member)

John D'Ambrosio

(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)
Angela Gawlinski-Asst. Secretary

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