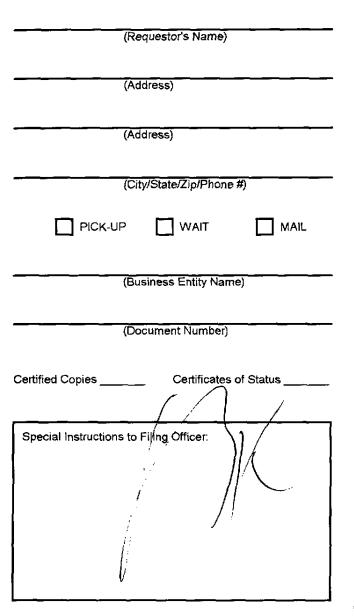
## M03000004072



Office Use Only



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CONTACT PERSON: Troy Todd

ACCOUNT NO. : 072100000032 REFERENCE: 698854 7482797 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: November 9, 2005 ORDER TIME : 10:03 AM ORDER NO. : 698854-020 CUSTOMER NO: 7482797 CHANGE OF AGENT NAME: CRES INSURANCE SERVICES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY

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.

agoni, or oom, in the state of a termination			
1. The name of the limited liability company i	s: CRES INSURAN	CE SERVICES, L	LC
2. The mailing address of the limited liability	company is : 1.0.	DOX 300810, 3an	Diego, CA 92130
12/05/2003	М	3000004072	
3. Date of filing/registration in Florida	<del></del>		ber
			··
<ol><li>The name of the registered agent and the reg Florida Department of State:</li></ol>	gistered office addr	ess as shown o	n the records of the
National Co	rporate Research, Ltd.	, Inc.	
	Name		
5	15 E. Park Ave.		
Address			7.0 95
Tallahassee, FL 32301			
City, State and Zip			
6. The name and address of the new registered	agent and/or office	ð:	FILED OF STATE SECONDARY FLORIES
Corporat	ion Service Company		The BO
	Name		15 0 C
120	01 Hays Street		
Florida street addre	ess (P.O. Box <b>NOT</b>	'acceptable)	P
Tallahassee	FL 3	32301	
City,	State and Zip		
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent that the company, it is hereby confirmed that the first the members of the limited liability companion the operating agreement of the limited liability.	made, the Florida : will be identical. C he change(s) was/v y or as otherwise r	street address o Or, in the case overe authorized	of the registered office of a Florida limited by an affirmative vote
Signature of a member or authorized representative of a mem	iber)		
Andrew J. Silverman, Manager (Printed or typed name of signee)	<del></del>		
I hereby accept the appointment as registered comply with the provisions of all statutes relating and I am familiar with and accept the obligation chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability of Registered Agent) Michelle R. Vannoy, Asst	<del></del>	act in this cap d complete per is registered as flect a change i een notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.
- 'Nichelle K. Vannov. Asst	. vr		

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