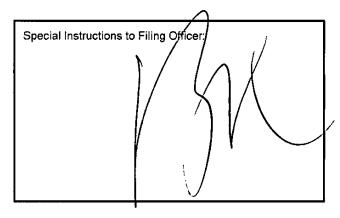
M06000000358

| (Requestor's Name) | | | | | |
|--------------------------|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |



Certificates of Status

Certified Copies _____

Office Use Only



300102072203

OT JUL-5 PH 12: 31
SECRETARY OF STATE
SECRETARY OF STATE

SUFFICIENCY OF FILING

DIVISION TO STATE 2001 JUL -5 AH ID 32



| , |
|---|
| ACCOUNT NO. : 072100000032 |
| REFERENCE : 969577 7170034 45 9 |
| AUTHORIZATION : |
| COST LIMIT : \$ 25 |
| AUTHORIZATION : COST LIMIT : \$ 25 ORDER DATE : June 26, 2007 |
| ORDER TIME: 10:06 AM |
| ORDER NO. : 969577-465 |
| CUSTOMER NO: 7170034 |
| |
| CHANGE OF AGENT |
| • |
| NAME: PNC INSURANCE SERVICES, LLC |
| |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY |
| CONTACT PERSON: Harry B. Davis |
| 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. The name of the limit | ed liability company is: | PNC INSURA | NCE SERVICES, LL | <u>.c </u> | | |
|---|---|--|--|---|--|--|
| 2. The mailing address of | of the limited liability co | ompany is : | | | | |
| 249 Fifth Avenue, Pittsburgh | . PA 15222-2707 | | | | | |
| | .,, | | · | · · · · · · · · · · · · · · · · · · · | | |
| January 20, 2006 | | M06000000358 | | | | |
| 3. Date of filing/registra | 4 | 4. Document number | | | | |
| 5. The name of the regist Florida Department of | ered agent and the regis | stered office a | ddress as shown or | n the records of the | | |
| | CT Co | rporation System | 1 | | | |
| | | Name | _ | | | |
| 1200 South Pine Island Road $\pm s$ | | | | | | |
| Address | | | | | | |
| Plantation, FL 33324 | | | | 프쥬트 | | |
| City, State and Zip | | | | | | |
| 6. The name and address | of the new registered a | gent and/or of | fice: | PHIZ: 31 | | |
| Corporation Service Company | | | | | | |
| , | | | 95 3 | | | |
| | 1201 | | 6F | | | |
| | Florida street address | s (P.O. Box No | OT acceptable) | T | | |
| | Tallahassee | FL | 32301 | | | |
| | City, S | tate and Zip | | | | |
| If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the lift or the operating agreeme | thange or changes are median from the registered agent we be reby confirmed that the mited liability company of the limited liability with the limited liability. | ade, the Floricial be identical change(s) was otherwise company. | da street address o . Or, in the case o | f the registered office of a Florida limited | | |
| (Signature of a member or autho | rized representative of a member | er) | | | | |
| Maureen Cullen, Attorney In | Fact | | | | | |
| (Printed or typed name of signee | | | | | | |
| I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm | nintment as registered a ns of all statutes relative nd accept the obligation this document is being i that the limited liability | gent and agree to the proper s of my position filed to merely y company ha | e to act in this cap cand complete per on as registered ac reflect a change i s been notified in | acity. I further agree to formance of my duties, yent as provided for in in the registered office writing of this change. | | |
| (Signature of Registered Agent) | Michelle R. Vannoy, Asst. | J | | | | |
| Divisio | on of Corporations, P. | D. Box 6327, | Tallahassee, FL | 32314 | | |

FILING FEE: \$25.00

INHS18 (8/05)