

MDL000004574

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

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Account Name : C T CORPORATION SYSTEM
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EXAMINER

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REGISTERED AGENT CHANGE

MULLINTBG INSURANCE AGENCY SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

25.00

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**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: MULLINTBG INSURANCE AGENCY SERVICES, LLC
2. (a) Principal office address of limited liability company: 100 NORTH SEPIU VEDA BLVD SUITE 500
(Note: MUST BE STREET ADDRESS) EL SEGUNDO CA 90245
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

08/17/2006

3. Date of filing/registration in Florida

M06000004576

4. Document number

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET
TALLAHASSEE FL 32301-2525 US

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

NEW Registered Agent:

CT Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

Plantation

FL 33324

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)

Baher Tanius

(Printed or typed name of signer)

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:

(Signature of Registered Agent)

CT Corporation System

Jennifer Quinn
Assistant Secretary

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

INHS18 (05/08)

MJH/S - 05/21/08 C.T. System Online

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TALLAHASSEE, FLORIDA

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT TBG Insurance Services Corporation ("Corporation"), a Corporation incorporated under the laws of the state of Delaware and a member of MULLIN TBG INSURANCE AGENCY SERVICES, LLC, does hereby appoint Baher Tanius and Yadira Garcia, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for Michael Glickman, Chief Financial Officer of TBG Insurance Services Corporation.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation. The attorney-in-fact will not make such changes without the prior approval of the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Baher Tanius and Yadira Garcia shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 11th day of April, 2009.

TBG Insurance Services Corporation
Member of
MULLIN TBG INSURANCE AGENCY SERVICES, LLC

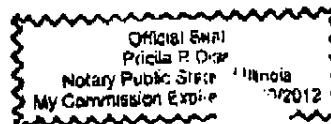
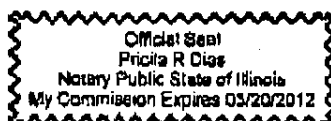
By: Michael Glickman
Name: Michael Glickman
Title: Chief Financial Officer

State of Illinois
County of Cook

On April 11, 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael Glickman, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Pricila R. Diaz
Notary Public



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