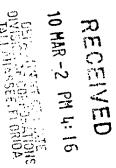
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MAR - 3 2010

EXAMINER





RPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE :

279710

4385593

AUTHORIZATION

COST LIMIT

ORDER DATE: February 9, 2010

ORDER TIME : 12:46 PM

ORDER NO. : 279710-315

CUSTOMER NO: 4385593

CHANGE OF AGENT

NAME:

ALLIED NORTH AMERICA INSURANCE

BROKERAGE OF TEXAS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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 company submits the following statement i in the State of Florida.	in order to char	8, Florida Statutes, the und age its registered office or t RTH AMERICA INSURAN	registered ageot or both,
Name of the limited liability company:			ICE BROKE ERANGE OF
(a) Principal office address of limited li (Note: MUST BE STREET ADD)	ability company		2 0800 C
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE)	company: <i>BOX</i>)	390 N Broadway Jericho, NY 11753	8.56 8.56
06/27/2007		M07000003899	
3. Date of filing/registration in Florida	_	4. Document number	
5. (a) Registered Agent and Registered O	office shown on	the records of the Florida D	Dept. of State:
Registered Agent:		NRAI Services, Inc.	
Registered Office Address:		2731 Executive Park Drive Suite 4	
		Weston, FL 33331 US	
(b) Enter name of NEW Registered As	gent and/or NE	W Registered Office addre	ess:
NEW Registered Agent:		Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
		Tallahassee	,FL 32301
If the limited liability company is not organ that after the change or changes are made, office of the registered agent will be identichereby confirmed that the change(s) was/w liability company or as otherwise provided limited liability company. (Signature of a member or authorized representative of a	the Florida stree cal. Or, in the c ere authorized be in the articles of	et address of the registered of ase of a Florida limited liab by an affirmative vote of the	office and the business bility company, it is members of the limited
Blanca Lozada, Authorized Represer (Printed or typed name of signee)			
I hereby accept the appointment as registe comply with the provisions of all statutes ream familiar with and accept the obligation. F.S. Or, if this document is being filed to not confirm that the limited liability company of Corporation Service Company (Signature of Registered Agent) Vivia Queppet	red agent and a elative to the pr s of my position nerely reflect a nas been notified	igree to act in this capacity. oper and complete performe as registered agent as proy change in the registered off d in writing of this change.	I further agree to ance of my duties, and I ided for in Chapter 608, ice address, I hereby
		6327 Tallahassee El. 32	314

FILING FEE: \$25.00