## M0800003500

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B. KOHR

AUG 2 4 2010

**EXAMINER** 



PORATION SERVICE COMPANY.

ACCOUNT NO. : 12000000195

REFERENCE: 478331

7788564

AUTHORIZATION :

COST LIMIT :

ORDER DATE: August 24, 2010

ORDER TIME : 11:20 AM

ORDER NO. : 478331-016

CUSTOMER NO: 7788564

## CHANGE OF AGENT

NAME: INSURANCE SPECIALTY GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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, ox both, in the State of Florida.

1. Name of the limited liability company:	JRANCE SPECIALTY GROUP, LLC
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	Company: 2470 Satellite Boulevard Suite 130 Duluth, GA 30096
(b) Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	y: 2470 Satellite Boulevard Suite 130 Duluth, GA 30096
07/24/2008	M08000003500
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:
Registered Agent:	National Corporate Research, Ltd
Registered Office Address:	515 East Park Avenue Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and	d/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
	1201 Hays Street
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)  If the limited liability company is not organized unthat after the change or changes are made, the Floroffice of the registered agent will be identical. Or, hereby confirmed that the change(s) was/were auth	1201 Hays Street
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRES  If the limited liability company is not organized unthat after the change or changes are made, the Flor office of the registered agent will be identical. Or, hereby confirmed that the change(s) was/were authliability company or as otherwise provided in the alimited liability company.  (Signature of a member of authorized representative of a member)  Elizabeth A. Dawson, Attorney in Fact (Printed or typed name of signee)	Tallahassee ,FL 32301  der the laws of the State of Florida, it is hereby confirmed ida street address of the registered office and the business in the case of a Florida limited liability company, it is norized by an affirmative vote of the members of the limited

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