M08000003518

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T. HAMPTON
JAN 28 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANG INSURANCE AGENCY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Botticelli
Name of Person

US Registered Agents, Inc.
Firm/Company

101 Main St., Suite One
Address

Tappan, NY 10983
City/State and Zip Code

Sarah.Whitney@manginsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Botticelli at (845) 390-0900
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

US REGISTERED AGENTS .com℠

August 2, 2010

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Mang Insurance Agency, LLC

Dear Sir or Madam:

Enclosed please find the revised Statement of Change of Registered Agent for the above referenced entity. Also enclosed is the remaining balance due of $25.00.

Once filed please return final evidence to me at the below address via US Mail:

USRA
c/o Catherine Botticelli
101 Main Street, Suite One
Tappan, NY 10983

If you should have any questions, or if I can assist in any way, please do not hesitate to call me at 1.888.664.6263 or 845.398.0900.

Thank you.

Best regards,

Catherine Botticelli
Corporate Specialist

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: MANG INSURANCE AGENCY, LLC

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS) 66 SOUTH BROAD ST SUITE 2
NORWICH NY 13815

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX) 66 SOUTH BROAD ST SUITE 2
NORWICH NY 13815

07/25/2008
3. Date of filing/registration in Florida

M08000003518
4. Document number

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

Registered Agent: C T CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

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

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
(MUST BE FLORIDA STREET ADDRESS)
Weston ,FL 33331

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.

Richard R. Mirabito
Signature of a member or authorized representative of a member

Richard R. Mirabito
Printed or typed name of signee

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11 JAN 25 AM 11:57
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Catherine Bottichelli, Asst Secy of NRAI
Signature of Registered Agent

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

INHS18 (05/08)