

March 3, 2000

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

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Re:

INSURANCE STRATEGIES, INC.

Document No. M95101

Dear Sir or Madam:

I enclose herewith a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH for the above-referenced corporation, along with a filing fee in the amount of \$35.00.

Please see that the appropriate changes are made to your records.

Thank you for your anticipated cooperation.

Yours truly,

BARBARA J. KRASNOVE, P.A.

BARBARA J. KRASNOVE

Enclosures cc: Client

DO MAR -6 PM 12: 56
SECRETARY OF STATE
AND AHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida
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 corporation is: 1. The name of the na
.1. The bank of the corporation is misurance_strategies, Inc.
2. The mailing address of the corporation is: 2801 University Drive Suite 306 Coral Springs, Fla. 33065
4. The name and address of the current registered agent and office:
Michael R. Flam
2858 University Drive
2858 University Drive Coral Springs, Fla. 33065
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Barbara J. Krasnove
2856 University Drive
Coral Springs, Fla. 33065
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Segnature of an officer, chairman or vice chairman of the board) (Daté)
(Segnature of an officer, chairman or vice chairman of the board) (Date)
Alan Stein, President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * * -
CR2E045(7/97)

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS