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INSURANCE SERVICING & ADJUSTING COMPANY

P.O. BOX 025100
MIAMI FLORIDA 33102-5100

200002648792--4
-09/25/98--01024--018
*****35.00 *****35.00

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in☐ Pick up time _____☐ Certified Copy☐ Mail out☐ Will wait☐ Photocopy☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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98 SEP 25 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OK
10-1*

**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: FLORIDA ASSOCIATION OF INDEPENDENT
INSURANCE ADJUSTERS, INC.
2. The mailing address of the corporation is: PO BOX 5352
FT LAUDERDALE FL 33310-5352
3. Date of incorporation/qualification: JAN 30, 1996 Document number: 496 000000567
4. The name and address of the current registered agent and office:

MARK RICHARDSON
701 EAST COMMERCIAL BLVD #300
FT LAUDERDALE FL 33334

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

MARK RICHARDSON
5110 NORTH FEDERAL HWY
FT LAUDERDALE FLA 33308

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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.

Joseph P. McCurdy Treas. and Board Member
(Signature of an officer, chairman or vice chairman of the board)

9-21-98
(Date)

Joseph P. McCurdy Treas. Board of Directors
(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.

Mark Richardson
(Signature of Registered Agent)

18 Sept 98
(Date)

If signing on behalf of an entity:

MARK RICHARDSON
(Typed or Printed Name)

DIRECTOR & RESIDENT AGENT
(Capacity)

*** FILING FEE: \$35.00 ***