

P000000067219

*Law Offices of*  
**HARVEY SCHONBRUN, P.A.**  
Attorneys and Counselors at Law

**HARVEY SCHONBRUN**  
*Board Certified*  
*Wills, Trusts and Estates*

**S. DAVID ANTON**  
*Securities Arbitration and Litigation*  
*Marital and Family Law*

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June 10, 2002

Corporate Records Bureau  
Division of Corporations  
Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

100005764991--4  
-06/13/02--01031--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

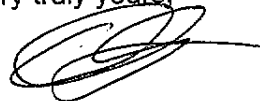
Re: Changing of Registered Agent and address for three separate corporations: 1) Consolidated Insurance Marketing, Inc. of Florida; 2) Excess Association Underwriters, Inc; and 3) Affordable Insurance Solutions, Inc.

Dear Sir or Madam:

Enclosed you will find the form entitled "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for three separate corporations which are referred to above. You will also find enclosed three separate checks drawn upon this law firm with Check Nos. 24481, 24482 and 24483, all of which are made payable to Division of Corporations in the amount of \$35.00 each. Please process these three separate requests and send confirmation of the processing back to this office. There is no need for a certified confirmation.

I thank you for your attention to this request. Should you have any questions or concerns, then please do not hesitate to call.

Very truly yours,



S. David Anton, Esquire

SDA\mav

Enclosures: Three separate Statement of Changes  
Three separate checks in amount of \$35.00 each

**FILED**  
02 JUN 13 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 6/17/02  
RO

**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 : CONSOLIDATED INSURANCE MARKETING, INC. OF FLORIDA
2. The mailing address of the corporation : 5300 WEST CYPRESS STREET, SUIT 130, TAMPA, FL. 33607
3. Date of incorporation/qualification: 7/13/00 Document number: P 00000067219
4. The name and address of the current registered agent and office:

CHARLES OSBORNE

5100 W. KENNEDY BLVD. #535

TAMPA, FL 33607

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

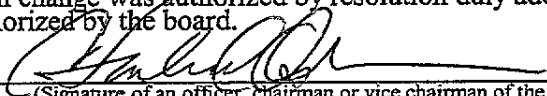
CHARLES OSBORNE

5300 WEST CYPRESS STREET #130

TAMPA, FL. 33607

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.

  
(Signature of an officer, chairman or vice chairman of the board)

6-6-02  
(Date)

CHARLES OSBORNE (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)

6-6-02  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

FILED  
02 JUN 13 PM 1:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA