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| (Req | uestor's Name) | |
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| (City | /State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
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| (Bus | iness Entity Nam | ne) |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | iling Officer: | |
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| SERVICE COMPANY | | | | | |
|---------------------------------------------|---------------|------|---------------------|------------|--|
| | ACCOUNT NO. | : 0 | 721000000 | 032 | |
| | REFERENCE | : 9 | 15198 | 7176028 | |
| | AUTHORIZATION | Line | Solem | | |
| | COST LIMIT | X s | 35.00 | | |
| ORDER DATE : Ma | rch 12, 2006 | | | | |
| ORDER TIME : 10 | :51 AM | | | | |
| ORDER NO. : 91 | 5198-005 | | | | |
| CUSTOMER NO: | 7176028 | | | | |
| NAME : | CHANGE OF A | | INGS, INC | C . | |
| PLEASE RETURN TE CERTIFIE XX PLAIN ST | D COPY | PROO | F OF FIL | ING: | |
| CONTACT PERSON: | Darlene Ward | | T# 2935 XAMINER: | | |

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

| statement of ch | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida. |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The name of | the corporation: RISK TRANSFER HOLDINGS, INC. |
| 2. The principal | office address: 301 East Pine Street, Suite 350, Orlando, FL 32801 |
| 3. The mailing a | address (if different): |
| 4. Date of incor | poration/qualification: 05/23/2001 Document number: P01000051450 |
| | d street address of the current registered agent and registered office on file with the rtment of State: |
| | William R. Lowman, Jr., Esq. |
| | 1000 Legion Place, Suite 1700 |
| | Orlando, FL 32801 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office = |
| | Corporation Service Company 1201 Hays Street |
| | 1201 Hays Street |
| | (P.O. Box NO1 acceptable) |
| | Tallahassee, FL 32301 |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so he beard, or the corporation has been notified in writing of the change. |
| (Signati | re of an other of director) (Printed or typed name and title) |
| I hereby accept I further agree of my duties, an document is bei corporation has | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this not filled merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change. |
| By: //// | Service Company Chelle R-Vanny March 13, 2006 gnature of Registered Agent) |
| If signing on be | half of an entity: |
| Michelle R. Van | noy, Asst. Vice President |
| T) | yped or Printed Name) |

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