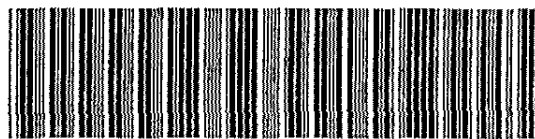


PO 1000071124

Quality Insurance
Esposito Insurance Corporation
175-5 Blanding Blvd., Orange Park, FL 32073



400043737064

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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11

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ESPOSITO INSURANCE CORPORATION
2. The principal office address: 175-S Blanding Blvd.
ORANGE PARK FL 32073
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P01000071124

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John R. ESPOSITO
175-S Blanding Blvd
ORANGE PARK FL 32073

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES Norman SAPP
175-S Blanding Blvd.
(P.O. Box NOT acceptable)
ORANGE PARK Florida 32073

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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, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

JOHN R ESPOSITO
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

J. Norman Sapp
(Signature of Registered Agent)

1-1-05

(Date)

If signing on behalf of an entity:

J. Norman SAPP
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314