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

1802 North Morgan Street Tampa, Florida 33602-2328 Tel. (813) 229-0664 Fax (813) 228-9471 e-mail david@schonbrun.com

June 10, 2002

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

-06/17/02--01011--041 ******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 think 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

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

	provisions of sec corporation organ					
						agent, or both, in
the State of Flor	rida.	r vere	0 10	000 1510	a leaden	01-500
1. The name of	the corporation:	EXCES	3 /4/3.	SOCIATIO	r UNVERU	RITERS, INC
						
						STREET,
SUITE	130, TAM	PA,	FL	33607		
3. Date of incor	rporation/qualificat	tion: <u>8/</u>	20/01	Docu	ment number:	P 01 0000 8246S
4. The name and	d address of the cur	rrent registe	red agent	and office:		Fu e
	CHARLES	C. (OS BORN	rE		EG E TI
_	d address of the cur CHARLES 5/00 W TAMPA d address of the new	EST	KENNE.	DY BI	LUD, #535	
_	TAMPA	FL	336	19		SEI PI
5. The name and	d address of the ne	w registered	l agent (if	changed) and	or registered offi	ce (if changed).
		(·		F		器 =
-				NE		DE A
_					TREET #13	<i>8</i> -
_	TAMPA					
The street addre agent, as change	ess of its registered ed, will be identica	l office and il.	the street	address of th	e business office	of its registered
Such change wa	as authorized by te	solution du	ıly adopte	d by its board	of directors or b	y an officer so
Such change was authorized by resolution duly adopted by its boa authorized by the board (Signature of an officer, chairman or vice chairman of the board)						
(Signature o	of an officer, chairman o	r vice chairmai	n of the board)	(Date)
	LES C. (Printed or typed r					
University home was	(Printed or typed r	name and title)	to against	namica of nec	sacs for the above	so stated
corporation, I h I further agree	med as registered tereby accept the d to comply with the	ugeni unu ippointmen provisions	t as regist of all star	ered agent ar utes relative	id agree to act in to the proper and	this capacity. l complete
performance of registered agen	my duties, and I a	m familiar	with and	accept the ob	ligation of my po	sition as
Mu	UMM				6-6-02	
(S	ignature of Registered A	(gent)			(Date)	
If signing on behalf	f of an entity:					
(7	Typed or Printed Name)				(Capacity)	
		* * * FILD	NG FEE:	\$35.00 * * *		

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314