AMERICAN PROFESSIONAL INSURANCE 750 E. Sample Rd. Pompano Beach, FL 33064

Office Use Only	

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

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Examiner's Initials

35. DIV COM.

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	.:
Also Standard Standard and Stan	
1. The name of the corporation: CINCARICA TELENT LINC	
2. The mailing address of the corporation: 4806 NEID AND, Fort Laudendale FL 33334	,
3. Date of incorporation/qualification: $\frac{9/27/61}{}$ Document number: $\frac{P010000952}{}$ 28	
4. The name and address of the current registered agent and office:	
Cindy Sue Rich	
9353 W Sample RD Suite 201	
Coral Springs, FL 33065	_
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	
- 4/806 NE 12th Auc 200 3	
Ft Landerdale, Fl 33334	
Ft 2 m Derdele, Fl 33334	
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.	
Coindu Sich 4/5/02	T
(Signature of an officer, chairman or vice chairman of the board) (Date)	
Cindy Sue Rich Pres (Printed or typed name and title)	- 4
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) (Date)	-
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	,

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