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Division of Corporations

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From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195 : (850)521-1000 Phone : (850)558-1575 Fax Number

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of $\overline{ ext{Florida}}$.
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: FCHCN INSURANCE AGENCY, INC.
2. The principal	office address: 2000 W Commercial Blvd., Suite 100, Ft. Lauderdale, FL 333
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 06/02/2004 Document number: P0400086344
	d street address of the current registered agent and registered office on file with the thrent of State:
	Stuart M. Rotman
	4700 N State Road 7, Suite 208
	Ft. Lauderdale, FL 33319
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 (P.O. Box NOT acceptable)
	Tallahassee, FL 32301
	ess of its registered office and the street address of the business office of its registered agent,
Such change wauthorized by t	as authorized by/resolution duly adopted by its board of directors or by an officer so he board, of the corporation has been notified in writing of the change.
	Joel Slakman, President (Printed of typed name and fille)
Thereby accept I further agree of my duties, as document is be corporation ha	t 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 ing filed merely to reflect a change in the registered office address, I hereby confirm that the speed to make the speed of this change.
By	tion Service Company 12-21-09 (Date)
If signing on be	chalf of an entity:
	Vannoy, Assist. VP Typed or Printed Nama)
,	* * * FILING FEE: \$35.00 * * *
	· · · · · · · · · · · · · · · · · · ·

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (8/05)