

POS000024245

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000015683 3)))



H110000156833ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE
Account Number : I20080000054
Phone : (949) 955-9585
Fax Number : (800) 562-6504

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
CAR INSURANCE HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

11 JAN 19 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 19 PM 4:07

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date 1/19/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Car Insurance Holdings, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000024245

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Parnell
(Name of Contact Person)

NRAI Corporate Services, Inc.
(Firm/Company)

2875 Michelle Drive, Suite 100
(Address)

Irvine, CA 92606
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Parnell at (949) 955-9585
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Car Insurance Holdings, Inc.
2. The principal office address: 745 Orienta Avenue, Suite 1251
Altamonte Springs, FL 32701
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/15/2005 Document number: P05000024245
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Pace, Erick L.

745 Orienta Avenue, Suite 1251

Altamonte Springs, FL 32701

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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 of an officer or director)

Daniel E. Caul, Secretary

(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.


(Signature of Registered Agent)

1/18/11
(Date)

If signing on behalf of an entity:

Nicole Chouinard, Assistant Secretary

(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

CR21045 (8/05)

RECEIVED
JAN 19 2011
11 JAN 19 PM 4:07

11 JAN 19 PM 4:07

RECEIVED
JAN 19 2011
11 JAN 19 PM 4:07