

PO4 000040163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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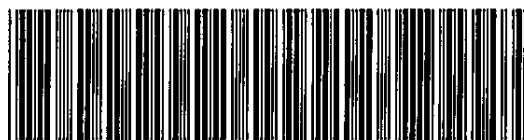
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

KMT
Rit Change

**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: INSURANCE QUOTES USA, INC.
2. The principal office address: 800 YAMATO RD STE 100
BOCA RATON FL 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/27/06 Document number: P06000060163
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ROBERT A. HENRY

8411 W OAKLAND PARK BLVD SUITE 201

SUNRISE FL 33351

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

NRAI SERVICES, INC.

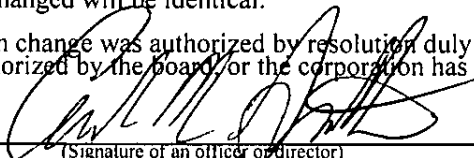
2731 EXECUTIVE PARK DR STE 4

(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 authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

ANDREW SMITH, VICE PRESIDENT
(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)

9/24/06
(Date)

If signing on behalf of an entity:

KAREN REDMAN, ASST-SEC.
(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
CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2006

LISA CLARK
INSURANCE QUOTES USA, INC.
800 YAMATO ROAD, SUITE 100
BOCA RATON, FL 33431

SUBJECT: INSURANCE QUOTES USA, INC.
Ref. Number: P06000060163

We have received your document for INSURANCE QUOTES USA, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 906A00058807