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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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## REGISTERED AGENT CHANGE ASI PREFERRED INSURANCE CORP.

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

1. The name of the corporation is: ASI Preferred Insurance Corp.	
2. The principal office address: 1 ASI WAY	
ST PETERSBURG FL 33702	
3. The mailing address (if different): 1 ASI WAY	
ST PETERSBURG FL 33702	
4. Date of incorporation/qualification: 2/19/2008 Document Number: P08000018185	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY I	
NORTH PALM BEACH FL 33408 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Chief Financial Officer	
200 East Gaines Street (P.O. Box Not acceptable) Tallahassee FL 32399	. an yeng
Tallahassee FL 32399	6 } 
The street address of its registered office and the street address of the business office of its registeragent, as changed will be identical.	المالية
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	r sč 🛂
Ashley Goldsmith, Attorney-in-Fact,	
(Signature of an officer or director) (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 comple performance of my duties, and I am familiar with and accept the obligation of my position as register agent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change.	ea
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	
Corporate Creations International	
801 US Highway 1 North Palm Beach FL 33408	

(561) 694-8107