## Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

HILB ROGAL & HOBBS OF FLORIDA, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607,0502, 617,0502 statement of change is submitted for a corporation organi in order to change its registered office or registe.	red under the laws of the State of Florida
1. The name of the corporation: Hilb Rogal & Hobbs of Flo	orida, Inc.
2. The principal office address: 201 ALHAMBRA CIRCLI	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/23/1994	Document number: P94000092852
<ol> <li>The name and street address of the current registered as Florida Department of State:</li> </ol>	gent and registered office on file with the
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	
TALLAHASSEE, FL 32301	
6. The name and street address of the new registered agen (if changed):	it (if changed) and for registered office
. C T Corporation	on System
e/o C T Corporation System, 12	200 South Pine Island Road
(P.O. Bux NOT Hosepiable)	
Plantation, Flor	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so diffed in writing of the change.
(Signafure of an officer or officer)	Jaimie Patti, Secretary (Printed of types same and tipe)
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my auties, and I am familiar with and accept the obl document is being filed merely to reflect a change in th corporation has been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and complete performance ignition of my position as registered agent. Or, if this is registered office address, I hereby confirm that the
By: WWWWW	September 26, 2008
(Dignature of Ragistored Agent)	(Daie)
If signing on behalf of an entity:  Megan G. Ware	
Assistant-Secretary	
* * * FILING PI	ZR: \$35.00 * * *
MAKE CHECKS PAYABLE TO PL MAIL TO: DIVISION OF CORPORATIONS, P CR2E045 (8/05)	orida Department of State .O. Box 6327, Tallahassee, FL 32314

91,006 - 001 1/2005 C T System Online