95000089480 Requester's Name 5201 Park Blub. Address City/State/Zip Phone # 100005665831--2 -06/03/02--01082--019 *****35.00 ******35.00 3378 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time _____ Certified Copy ☐ Mail out ☐ Will wait Photocopy ☐ Certificate of Status NEW FILINGS <u>AMENDMENTS</u> ■ Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other ☐ Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other CR2E031(7/97) Te/10/02

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

the undersigned corporation organized under the laws of the State of $FLORIDA$
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: APPLE INSURANCE MALL OF
WEST PALM BEACH I, INC.
2. The mailing address of the corporation: 5201 PARK BIVD
PINELUAS PARK, FL 33781
3. Date of incorporation/qualification: 11/22/95 Document number: P9500089480
4. The name and address of the current registered agent and office:
PAMELA M MCVEIGH
2519 McMULIEN BOOTH Rd. # 508
CLEARWATER, FL 33761
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable) J PAUL J. RAYMOND
625 COURT ST, Suite 200
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.
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(Signature of an officer, chairman or vice chairman of the board) (Date)
Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 auties, and am familiar with and accept the obligation of my position as
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)