

P96000050943

ADMIRAL INSURANCE SERVICES, INC.  
P.O. BOX 550009  
FORT LAUDERDALE, FL 33355

900003618309--4  
-02/01/01--01002--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

FILED  
01 JAN 31 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Change

S. PAYNE FEB 1 - 2001

**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, 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 : Admiral Insurance Services, Inc.

2. The mailing address of the corporation : 925 SW 150 Terrace, Sunrise FL 33326

3. Date of incorporation/qualification: 06/13/1996 Document number: P96000050943

4. The name and address of the current registered agent and office:

William J. Maloney

925 SW 150 Terrace

Sunrise FL 33326

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Nancy A. Maloney

925 SW 150 Terrace

Sunrise FL 33326

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.

Nancy A. Maloney  
(Signature of an officer, chairman or vice chairman of the board)

01-20-01  
(Date)

Nancy A. Maloney President  
(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 duties, and I am familiar with and accept the obligation of my position as registered agent.*

Nancy A. Maloney  
(Signature of Registered Agent)

01-20-01  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

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