P04000075927

Florida Department of State

Division of Corporations
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REGISTERED AGENT CHANGE

USI INSURANCE SERVICES OF FLORIDA, INC.

Certificate of Status	0
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RAD dlg MD 12/28

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: USI Insurance Services of Florida, Inc.

2. The principal office address: 8100 SW 10 STREET, Suite 2000

PLANTATION FL 33324 US

3. The mailing address (if different): 50 CALIFORNIA ST., 24th Floor

SAN FRANCISCO CA 94111

4. Date of incorporation/qualification: 9/11/96 Document number: P96000075927

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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TALLAHASSEE, FLORIDA

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

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

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, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

Jill Kranz-Fallon, Assistant Secretary

(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.

C T Corporation System

By:

(Signature of Registered Agent)

December 23, 2004

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

SHEILA CLARK
Assistant Secretary

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314