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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA002000023 Phone : (954)208-0845 Fax Number : (614)573-3996

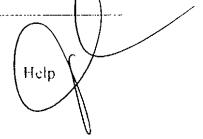
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ct-statecommunications@wolterskluwer.com

## REGISTERED AGENT CHANGE SMITH-MERRITT INSURANCE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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To:

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

statement of ch	e provisions of sections 607.0502. 617.0502, 607.1508, or 617.1508, Florida Statute hange is submitted for a corporation organized under the laws of the State of Florids	ì
in ord	der to change its registered office or registered agent, or both, in the State of Florida	7.
I. The name of	f the corporation: SMITH-MERRITT INSURANCE, INC.	
2. The principal	al office address: 2931 NE 16TH STREET POMPANO BEACH, FL 33062	
3. The mailing	address (if different):	
4. Date of incor	rporation/qualification: 12/03/1996 Document number: P96000097626	
5. The name an	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	***************************************
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	k-3
	TALLAHASSEE, FL 32301	<b>A</b>
6. The name and (if changed):	ad street address of the new registered agent (if changed) and for registered office	るのに
	NRAI Services, Inc.	- :
	1200 South Pine Island Road	 သ ယ
	P.O. Boy. NOT acceptable	Q.
	Plantation, Florida 33324	
	ess of its registered office and the street address of the business office of its regis I be identical.  Tas authorized by resolution duly adopted by its board of directors or by an officer the board or the corporation has been notified in writing of the change.	
attitiorized by tr	Frank D. Smith, Jr.	
of my duties, an document is bei	Printed or typed name and title  if the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete p ad I am familiar with and accept the obligation of my position as registered agent ing filed merely to reflect a change in the registered office address. Thereby conf is been notified in writing of this change.  A LEVI FURCISCIPS  ASSTOCY  ASSTOCY  Printed or typed name and title to complete to this capacity. The property of the prop	vertormance i, Or if this frm that the
·	chalf of an entity:	The second secon
- 15	yphila Printed Nume	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)