

P99000085823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

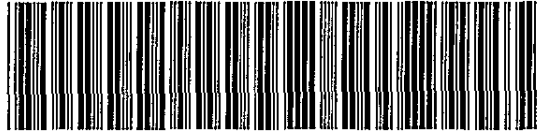
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TALLAHASSEE
FLORIDA

MORRIS A. LeCOMPTE, P.A.

ATTORNEY AT LAW
AAA BUILDING
800 SECOND AVENUE SOUTH
SUITE 380
ST. PETERSBURG, FLORIDA 33701
(727) 896-1000
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REPLY TO:
P.O. BOX 1300
ST. PETERSBURG, FL 33731

MORRIS A. LeCOMPTE

October 23, 2003

FILE NO.

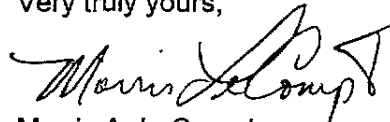
Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Statement of Change of Registered Office

Dear Sir:

Enclosed please find the Statement of Change of Registered Office for Risk Protection, Inc., along with a check in the amount of \$35.00 to cover the filing fee associated therewith. I trust the enclosures are sufficient to effectuate this change, but should you have any questions, please contact the undersigned.

Very truly yours,



Morris A. LeCompte

MAL/dp
Enclosures

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: Risk Protection, Inc.
2. The principal office address: 800 Second Avenue South, Suite 380 St. Petersburg, Florida 33701
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/28/1999 Document number: P99000085823

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

Morris A. LeCompte
100 Second Avenue South, Suite 1201
St. Petersburg, Florida 33701

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

Morris A. LeCompte
800 Second Avenue South, Suite 380
(P.O. Box or personal mailbox NOT acceptable)
St. Petersburg, Florida 33701

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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.

Morris A. LeCompte, VP
(Signature of an officer or director)

Morris A. LeCompte, VP
(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.

Morris A. LeCompte
(Signature of Registered Agent)

10/21/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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