FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 31, 2000 8:00 am Secretary of State DOCUMENT # S15112 1. Entity Name IMPERIAL INSURANCE CONNECTION OF FLORIDA INC. 01-31-2000 90044 001 *****8.75 Principal Place of Business Mailing Address 33513 US 19 N. 33513 US 19 N. PALM HARBOR FL 34684 PALM HARBOR FL 34684-2600 4712 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3038542 Not ∸բա Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VOSEP A RANSBERGER, JULIE A Street Address (P.O. Box Number is Not Acceptable) **5911 MIDNIGHT PASS** 5911 midnight #401 PASS Rd #401 SARASOTA FL 34242 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change 💢 🚟 TITLE Prisident, V, T, S, D RANSBERGER, JULIE A Joseph D. Ransberger 5911 midnight PASE #401 NAME NAME 5911 MIDNIGHT PASS #401 STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP SArg 50 to 41. 34242 ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ TITLE ☐ Change ☐ Delete TITLE NAME NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUSEPH RANSBEIGE 1-17-2100