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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

INTERNATIONAL SPECIALTY UNDERWRITERS, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

2/18/2009

https://efile.sunbiz.org/scripts/efilcovr.exe

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Fi inge is submitted for a corporation organized under the laws of the Sia	te of Florida	٥	
	er to change its registered office or registered agent, or both, in the Sta	te of Florida.		
1. The name of t	the corporation: International Specialty Underwriters, Inc.			
2. The principal	office address: 6621 Southpoint DR., N. #325, Jacksonville, FL 32216		-	
3. The mailing a	ddress (If different):			
4. Date of incorp	poration/qualification: 02/18/1991 Document number: 59	3081043		
	d street address of the current registered agent and registered office on truent of State; (If resigned, enter resigned)	file with the		
	John H. Wilbur, Jr.	ASE S	9	
	6621 Southpoint DR, N. #325		FEB	٠,
	Jacksonville, FL 32216	SSI	9	Ξ
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or register	Wolfie FLOSTA	PM ::	ב
	CT Corporation System		20	
	c/o C T Corporation System, 1200 South Pine Island Road			
	(P.O. Box NOT acceptable)	 _		
	Plantation, Florida 33324	····		
	ess of its registered office and the street address of the business office identical.		nt,	
Such change was	he board, or the corporation has been notified in writing of the chan	by an officer so ge.		
and Self	Duncan S. McI	ntosh, Secret	ary	
(Signan				
I further agree to my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capac to comply with the provisions of all statutes relative to the proper of nd I am familiar with and accept the obligation of my position as re- ing filed merely to reflect a change in the registered office address, is been notified in writing of this change.	nd complete performa gistered agent. Or, if I hereby confirm that	nce this the	
By: Dale	CT Operation System, 3/9/09		_	
If signing on be	chaif of an entity: DALE W MORRIS SSISTANT VICE PRESIDENT (Typed or Printed Name)			

* * * FILING FEE: \$35.60 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)