MEMO

TROMBLY INSURANCE ASSOCIATES, INC.
CONSULTANTS IN BUSINESS, PROFESSIONAL AND PERSONAL INSURANCE
CAPITAL PLAZA II - 8900 S.W. 107th AVENUE - SUITE 300 - MIAMI, FLORIDA 33176

ACCOUNT NO.	OP	DATE
TROMB-1	NS	04/18/97

POLICY INFORMATION

TYPE
PCKG

S53549

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Gentlemen: **Re: Trombly Ins Associates, I**

Enclosed is a STATEMENT OF CHANGE OF REGISTERED OFFICE for our agency.

PLEASE NOTE THAT OUR ADDRESS WILL BE CHANGED EFFECTIVE APRIL 28th 1997.

Please mark your records accordingly.

Thank you for your attention.

Sincerely,

Marsha Trombly CIC, CPIW

100002149151--8
-04/21/97--01107--004
*****35.00 *****35.00

FILED
97 APR 28 PM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RA Chg.

VS APR 29 1997

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILED
97 APR 28 PM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of FLORIDA, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is TROMBLY INSURANCE ASSOCIATES, INC.

SECOND: The address of its present registered agent is

8900 S.W. 107th Ave., #300, Miami, Fl 33176

THIRD: The address to which its registered agent is to be changed is

10700 No. Kendall Dr., #302 Miami, FL 33176

FOURTH: The name of its present registered agent is

Marsha Thompson Trombly

FIFTH: The name of its successor registered agent is ~~same~~

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated ~~April 18th~~, 19 ~~97~~

TROMBLY INSURANCE ASSOCIATES, INC.
(exact corporate name)

SIGNATURE Marsha Trombly
(President or Vice-President)

DATE ~~April 18th 1997~~

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE Marsha Trombly
(Registered Agent)

FILING FEE: $ 35.00

DATE ~~April 18th 1997~~

DIVISION OF CORPORATIONS - P. O. BOX 6327 - TALLAHASSEE, FL 32314

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