

# TROMBLY INSURANCE ASSOCIATES, INC.

CONSULTANTS IN BUSINESS, PROFESSIONAL AND PERSONAL INSURANCE

*Trombly Insurance Assoc.  
11742 S.W. 100 Avenue  
Miami, Florida 33176*

953549

Division of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Statement of Change of Office

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--04/27/98--01095--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

To Whom It May Concern: \_\_\_\_\_

Enclosed is a Statement of Change of Registered Office for Trombly Insurance Associates, Inc. Please update your records to reflect the new address.

Thank you for your prompt attention to this request.

Sincerely,

*Marsha Trombly*

Marsha Trombly, CIC, CPIW  
President

MT/ef

enclosures

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 APR 27 PM 2:57

APPROVED  
AND  
FILED

*OK 953549  
204  
11-27-98*

*A Policy of Excellence*

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

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 10700 N. Kendall Drive, #302  
Miami, Florida 33176

THIRD: The address to which its registered agent is to be changed is 11742 S.W. 100 Avenue  
Miami, Florida 33176

FOURTH: The name of its present registered agent is same (Marsha Trombly)

FIFTH: The name of its successor registered agent is Marsha Trombly

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 22, 19 98

TROMBLY INSURANCE ASSOCIATES, INC.

(exact corporate name)

SIGNATURE

(President or Vice-President)

DATE April 22, 1998

ef

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

(Registered Agent)

FILING FEE: \$ 35.00

DATE April 22, 1998

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 APR 27 PM 2:57

APPROVED  
AND  
FILED