

P04000167482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

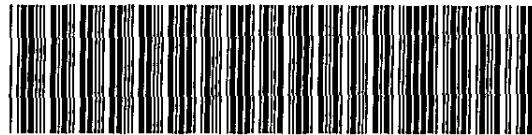
(Business Entity Name)

(Document Number)

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R.A. change

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VAN MATRE AND HARRISON, P.C.

A PROFESSIONAL CORPORATION
ATTORNEYS AND COUNSELORS AT LAW
1103 EAST BROADWAY, SUITE 101
POST OFFICE BOX 1017
COLUMBIA, MISSOURI 65201

CRAIG A. VAN MATRE
THOMAS M. HARRISON

EVERETT S. VAN MATRE
(1922-1998)

(573) 874-7777
TELECOPIER: (573) 875-0017
E-MAIL: matt@vanmatre.com

CARLA K. WILLIAMS
MATTHEW S. VOLKERT*
GARRETT S. TAYLOR
HARRIET F. FRANCIS, OF COUNSEL
*Admitted in Missouri and Illinois

March 18, 2005

Department of State
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

Re: Change of Registered Office

To Whom It May Concern:

Enclosed is my firms check in the amount of \$105.00. Please file the enclosed Statement of Change of Registered Office for the following entities:

1. Qualification Services, Inc.
2. First Insurance Network, Inc.
3. Network Premium Finance Corporation

After filing please return to the above address. Thank you for your attention to this matter, and please do not hesitate to call me with any questions you may have.

Very truly yours,

VAN MATRE AND HARRISON, P.C.

By: 
Matthew S. Volkert

MSV/cpc
Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Qualification Services, Inc.
(Name of corporation)

DOCUMENT NUMBER: P04000167482

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew S. Volkert
(Name of contact person)

Van Matre and Harrison, P.C.
(Firm/Company)

1103 East Broadway
(Address)

Columbia, MO 65201
(City/state and zip code)

For further information concerning this matter, please call:

Matthew S. Volkert at (573) 874-7777
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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: KEYSTONE SPECIALTY INSURANCE GROUP, INC.
2. The principal office address: 801 West State Road, 436, Suite 2003
Altamonte Springs, FL 32714
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/14/2004 Document number: P04000167482
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:


John W. Baker
300 Primera Blvd., Suite 132
Lake Mary, FL 32746

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

John W. Baker
801 West State Road 436, Suite 2003
(P.O. Box NOT acceptable)
Altamonte Springs, FL 32714

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.


(Signature of an officer or director)

James C. French, CEO
(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.


(Signature of Registered Agent)

3/25/05
(Date)

If signing on behalf of an entity:

JOHN W. BAKER
(Typed or Printed Name)

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

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

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DIVISION OF STATE
CORPORATIONS, FLORIDA