L09000058647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000167747050

AC 8/2/10
E. DENNARD

Malave, Erin

From: DeFreitas, Ron [Ron.DeFreitas@horacemann.com]
Sent: Friday, February 26, 2010 10:25 AM
To: CorpAddressChange
Subject: Address and FEI # Change

To Whom It may Concern:
Please update my FEI # to 80-0427069 and update my Principal Address, Registered Agent Name & Address, and Manager/Member Detail to 2590 Northbrooke Plaza Unit 303 Naples, Fl 34119. My Doc # is L09000058647, The Company Name is GULF COAST EDUCATORS INSURANCE LLC.

Thanks Ron!

Ron DeFreitas
Agency Owner
The Horace Mann Insurance Companies Auto/Home/Life/Retirement

2590 NorthBrook Plaza Unit 303
Naples, FL 34119
Phone: 239-591-0963
Fax: 239-591-4734
Ron.DeFreitas@horacemann.com