

P000000018279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

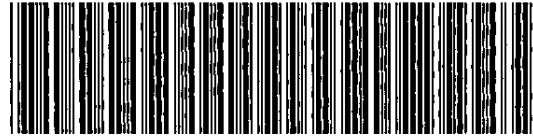
(Business Entity Name)

(Document Number)

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PAID  
DIVISION OF CORPORATIONS  
12 SEP 17 PM 3:04

R. A. Chs  
@ 9/18/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Matrix Insurance Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P00000018279

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:

Leo Papir  
Name of Contact Person

Matrix Insurance Group, Inc.  
Firm/Company

21355 E Dixie Hwy, Suite # 104  
Address

Aventura, FL 33180  
City/State and Zip Code

LPMATRIX@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leo Papir at ( 305 ) 792-7260  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Matrix Insurance Group, Inc.
2. The principal office address: 21355 East Dixie Highway, Suite # 104  
Aventura, FL 33180
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Feb 2000 Document number: P00000018279
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Carol G Messinger (resigned)  
21355 East Dixie Hwy, Suite # 104  
Aventura, FL 33180

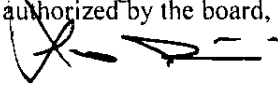
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Leo Papir  
21355 East Dixie Hwy, Suite # 104  
P O Box NOT acceptable  
Aventura, FL 33180

RECEIVED  
SEP 17 PM 3:04  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

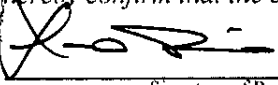
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Leo Papir, VP  
\_\_\_\_\_  
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

Sept 12, 2012  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Leo Papir  
\_\_\_\_\_  
Typed or Printed Name

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