## P03000123081

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ry/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
	siness Entity Nar	nel
(Du	Siness Limity 14at	ne,
(D0	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT; Advanced Insurance Coverages, Inc. (Name of corporation)	
DOCU	JMENT NUMBER: P03000123081	
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Pamela Gerald (Name of contact person)	
	Advanced Insurance Coverages, Inc. (Firm/Company)	
	455 Fairway Blvd., Suite 102 (Address)	
Deerfield Beach, FL 33441		
	(City/state and zip code)	
For fu	rther information concerning this matter, please call:	
Pame	a Gerald at (954 ) 420-5860 ext. 23  (Name of contact person) (Area code & daytime telephone number)	
	(Name of contact person) (Area code & daytime telephone number)	
Enclos	sed 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, 617.0 statement of change is submitted for a corporation org	ganized under the laws of the State of Florida
	ristered agent, or both, in the State of Florida.
1. The name of the corporation: Advanced insurance	Coverages, Inc.
2. The principal office address: 455 Fairway Drive, S	uite 102, Deerfield Beach, FL 33441
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/31/2003	Document number: P03000123081
5. The name and street address of the current registere Florida Department of State:	ed agent and registered office on file with the
Pamela B. Gerald	
700 W Hillsboro Blvd, Bldg 3, Suite	206 SEC 1
Deerfield Beach, FL 33441	ET 25
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered office 9
Pamela B. Gerald	5
455 Fairway Drive, Suite 102	
(P.O. Box NOT accept	able)
Deerfield Beach, FL 33441	
The street address of its registered office and the str as changed will be identical.	reet address of the business office of its registered agent,
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.
Jane Jemso	Pamela B. Gerald - Vice President
(Signature of an officerior director)  I hereby accept the appointment as registered agen I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change i corporation has been notified in writing of this change.	(Printed or typed name and title)  t and agree to act in this capacity.  statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the nge.
The send	10/12/2004
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Pamela B. Gerald	#
(Typed or Printed Name)	<del></del>

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