P05000060319

(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

400061893164

RA Change
T. Lewis

FILED
05 DEC -5 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/05/05--01022--009 **210.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eagle Insurance of South Miami, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000060319

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ira L. Kahn, Esq.
(Name of Person)

IRA L. KAHN ATTORNEY AT LAW
(Name of Firm/Company)

2514 HOLLYWOOD BLVD., STE. 300
(Address)

Hollywood, FLORIDA 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

Ira L. Kahn, Esq. at (954) 925-8222
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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: Eagle Insurance of South Miami, Inc.

2. The principal office address: 9642 Coral Way
Miami, FL 33165

3. The mailing address (if different):

4. Date of incorporation/qualification: 04/21/2005 Document number: P05000060319

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Trace A. Cox
9642 Coral Way
Miami, FL 33165

FILED
05 DEC -5 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Larry Shershevsky
1910 Sweet Bay Way
(P.O. Box NOT acceptable)
Hollywood, FLORIDA 33019

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) Larry Shershevsky (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) 11/30/05 (Date)

If signing on behalf of an entity:

LARRY Shershevsky
(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

CR2E045 (8/05)