## P05000060319

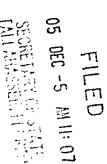
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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At Change



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## **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 (Area Code & Daytime Telephone Number)
(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
<ol><li>The name and street address of the current registered agent and registered office on file with the Florida Department of State:</li></ol>
Trace A. Cox
9642 Coral Way
Miami, FL 33165
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(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.
(Signafure of Registered Agent)  (Die)
If signing on behalf of an entity:
LARRY Shershevsky (Typed or Printed Name)

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