

PD50000062893

(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

RA/change
@ 7.27.07



400105784704

07/13/07--01033--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 27 PM 1:34

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Matrix Insurance Agency, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000062893

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:

Brian Pincket
(Name of Contact Person)

Matrix Employee Leasing, Inc.
(Firm/Company)

9016 Philips Hwy.
(Address)

Jacksonville, FL 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Pincket at (904) 739 2722
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2007

BRIAN PINCKET
MATRIX EMPLOYEE LEASING, INC.
9016 PHILIPS HWY.
JACKSONVILLE, FL 32256

SUBJECT: MATRIX INSURANCE AGENCY, INC.
Ref. Number: P05000062893

We have received your document for MATRIX INSURANCE AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 007A00045329

RECEIVED
07 JUL 27 AM 8:00
DIVISION OF CORPORATIONS

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 Agency, Inc.
2. The principal office address: 9016 Philips Hwy., Jacksonville, FL 32256
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 26, 2005 Document number: P05000062893
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ralph Perez
9016 Philips Hwy.
Jacksonville, FL 32256

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

Brian Pincket
9016 Philips Hwy.
(P.O. Box NOT acceptable)
Jacksonville, FL 32256

FILED STATE
SECRETARY OF CORPORATIONS
07 JUL 27 PM 1:34

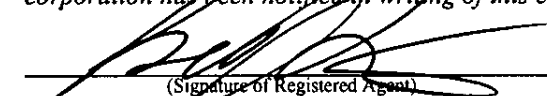
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Jeffrey Spadafora, President
(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)

7/24/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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