

P94000053936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

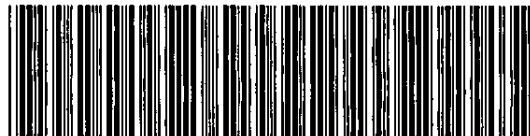
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. Lemieux

MAY 27 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Statewide Premium Finance, Inc.
Name of Corporation

DOCUMENT NUMBER: P94000053936

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:

Karen Shaw

Name of Contact Person

Statewide Premium Finance, Inc.

Firm/Company

1551 Sawgrass Corporate Parkway Suite 130

Address

Sunrise, Florida 33323

City/State and Zip Code

Kshaw@etifinance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Shaw at (**954**) **510-8008 ext 109**
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: Statewide Premium Finance, Inc.
- 2. The principal office address: 1551 Sawgrass Corporate Parkway Ste 130
Sunrise, Florida 33323
- 3. The mailing address (if different): n/a
- 4. Date of incorporation/qualification: 7/18/94 Document number: P94000053936

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)

Myron Finkelstein
2825 N. University Drive Suite 300
Coral Springs, Florida 33065

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TALLAHASSEE, FLORIDA

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

Karen Shaw
1551 Sawgrass Corporate Parkway Suite 130
P.O. Box NOT acceptable
Sunrise, Florida 33323

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.

Karen F Shaw
Signature of an officer or director

Karen Shaw, 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.

Karen F Shaw
Signature of Registered Agent

May 20, 2015
Date

If signing on behalf of an entity:

Typed or Printed Name

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