Current Prin	cipal Place of Business:			
4204 MANOR F	OREST TR			
BOYNTON BEA	CH, FL 33436			
Current Mai	ling Address:			
4204 MANO	R FOREST TR			
BOYNTON E	BEACH, FL 33436			
FEI Number: 20-3258273			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
ISRAEL, STEV 4204 MANOR F	OREST TR			
BOYNTON BEA	CH, FL 33436 US			
The above name	l entity submits this statement for the purpose of changing its regi	stered office or reais	tered agent, or both, in the State of Florida	
SIGNATURE		otorea ennee er regio		
SIGNATOR				
			Date	<u></u>
	Electronic Signature of Registered Agent		Date	,
Officer/Dire	Electronic Signature of Registered Agent		Date	>
Officer/Dire Title	Electronic Signature of Registered Agent	Title	P	÷
	Electronic Signature of Registered Agent	Title Name		;
Title	Electronic Signature of Registered Agent ctor Detail : TREA		Ρ	÷
Title Name Address	Electronic Signature of Registered Agent Ctor Detail : TREA ISRAEL, STEVEN	Name	P HOFFMAN, ARTHUR 5074 NW 86TH WAY	;
Title Name Address	Electronic Signature of Registered Agent Ctor Detail : TREA ISRAEL, STEVEN 4204 MANOR FOREST TR	Name Address	P HOFFMAN, ARTHUR 5074 NW 86TH WAY	,
Title Name Address	Electronic Signature of Registered Agent Ctor Detail : TREA ISRAEL, STEVEN 4204 MANOR FOREST TR	Name Address	P HOFFMAN, ARTHUR 5074 NW 86TH WAY	2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN ISRAEL

TREASURER

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Entity Name: PALM COAST ASSOCIATION OF HEALTH UNDERWRITERS INC.

FILED Mar 20, 2015 **Secretary of State** CC4068816671

Date