# 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRES

#### SIGNATURE: SARLIN MACPHERSON

Electronic Signature of Signing Officer/Director Detail

Entity Name: MACPHERSON INSURANCE AGENCY, INC.

#### **Current Principal Place of Business:**

55 MERRICK WAY SUITE 408 CORAL GABLES, FL 33134

### **Current Mailing Address:**

55 MERRICK WAY SUITE 408 CORAL GABLES, FL 33134 US

#### FEI Number: 65-0834926

## Name and Address of Current Registered Agent:

MACPHERSON, SARLIN 55 MERRICK WAY STE 408 CORAL GABLES, FL 33134 US Certificate of Status Desired: No

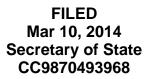
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	PTD	Title	S
Name	MACPHERSON, SARLIN S	Name	FAWCETT, RACHEL S
Address	55 MERRICK WAY STE 408	Address	55 MERRICK WAY STE 408
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134



Date

03/10/2014 Date