

680631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

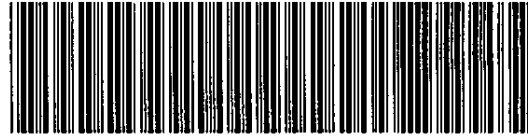
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200185221002

*Registered
Address
Change*

200185221002
09/10/10--01032--013 **35.00

2010 SEP 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*AOR
9/14/10*



GREENSPOON MARDER, P.A.

ATTORNEYS AT LAW

From the Desk of:

Alan B. Cohn
Trade Centre South, Suite 700
100 West Cypress Creek Road
Fort Lauderdale, Florida 33309
(954) 491-1120
Direct Fax: (954) 267-8013
(954) 771-9264(Fax)
Alan.Cohn@gmlaw.com
WIAI.0001

August 18, 2010

Via US Mail

Mr. Kurt M. Wolf
10133 NW 24th Place, No. 410
Sunrise, Florida 33322

Re: Wolf Insurance Agency, Inc.

Dear Kurt:

We are in receipt of your signed minutes. We will place them in the corporate minute-book. I also acknowledge your note indicating that the registered agents address has since change. Attached is the appropriate form required to update the address with the State. It requires your signature and that of Michael Wolf, as registered agent. Once the form is completely signed, mail it in directly to the Florida Department of State with the filing fee of \$35.00.

Should you have any questions or require further assistance, please call me or my corporate paralegal Michelle Poppe at extension 1202.

Sincerely yours,


ALAN B. COHN
ABC/mnp/Enclosures

WIAI-0001-1711736 v1

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**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: WOLF INSURANCE AGENCY, INC.
2. The principal office address: 10133 NW 24TH PLACE, SUITE 410
SUNRISE, FLORIDA 33322
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/1/1980 Document number: 680631

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)

MICHAEL H. WOLF, ESQ.
1780 NORTH UNIVERSITY DRIVE
PLANTATION, FLORIDA 33124

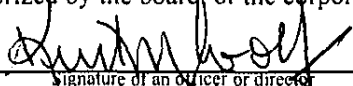
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2010 SEP 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SAME
1280 S. POWERLINE ROAD, SUITE 20
P.O. Box NOT acceptable
POMPANO BEACH, FLORIDA 33206


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

KURT M. WOLF
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

8/23/10
Date

If signing on behalf of an entity:

Michael H. Wolf
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314