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(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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COVER LETTER

TO: Amendment Section **Division of Corporations** Florida Lawyers Legal Insurance Corporation Name of Corporation 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: Howard Rosenblatt Name of Contact Person Florida Lawyers Legal Insurance Corporation Firm/Company 2830 NW 41st St. Suite H Gainesville, FL 32606-6667 City/State and Zip Code howard@hmrpalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Howard Rosenblatt Name of Contact Person 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida mge is submitted for a corporation organized under the laws of the State of or to change its registered office or registered agent, or both, in the State of	Florida		_
1. The name of	the corporation: Florida Lawyers Legal Insurance Corpora	ition		
	office address: 2830 NW 41st St. Suite H			_
_	address (if different):			
4. Date of incor	poration/qualification: 08/18/1978 Document number: 7439	76	 .	, _
5. The name and	I street address of the current registered agent and registered office on file vertinent of State: (If resigned, enter resigned)			
	Howard Rosenblatt	_		
	2830 NW 41st St. Suite I	_		
	Gainesville, FL 32606	_ 	2[
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of		2017 NOV	Ti
	Howard Rosenblatt		້ອ	
	2830 NW 41st St. Suite H		PH ®	Ö
	P.O. Box NOT acceptable Gainesville, FL 32606		69	
The street address changed will	ess of its registered office and the street address of the business office of be identical.	its regist	ered ag	ent,
Such change wa	as authorized by resolution duly adopted by its board of directors or by are board, or the corporation has been notified in writing of the change.	officer	so	
Howard Rosenblatt, President Signature of an officer or director Printed or typed name and title				
-1 further agrée - performance of	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and commy duties, and I am familiar with and accept the obligation of my positions decident is being filed merely to reflect a change in the registered offit that the corporation has been notified in writing of this change.	n as reg	gistered ess, I	ı
i	11/8/2017			_
	half of an entity:			

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