

FD40000000143

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Global Marine Insurance Agency, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F04000000163

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:

Juli Killman  
Name of Contact Person

Global Marine Insurance Agency, Inc.  
Firm/Company

12935 S. West Bayshore Drive, Suite 205  
Address

Traverse City, MI 49684  
City/State and Zip Code

jkillman@globalmarineinsurance.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juli Killman at ( 231 ) 932-4071  
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 Michigan in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Global Marine Insurance Agency, Inc.
2. The principal office address: 12935 S. West Bayshore Drive, Suite 205  
Traverse City, MI 49684
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/05/2004 Document number: F04000000163

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 Abbott  
1445 S.E. 16th Street  
Fort Lauderdale, FL 33316

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

John D. Hatch, Esq.  
1267 Berkshire Lane, Suite 200  
Tarpon Springs, Florida 34688

P.O. Box NOT acceptable

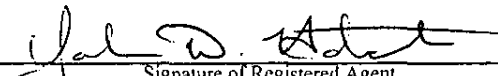
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Matthew R. Anderson, 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.

  
Signature of Registered Agent

4-2-12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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