

F04000005509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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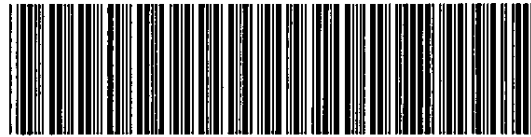
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2007 APR 12 PM 3:28  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Equity Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** F04000005509

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:

Timothy J. Meenan  
(Name of Contact Person)

Blank & Meenan, P.A.  
(Firm/Company)

204 South Monroe Street  
(Address)

Tallahassee, Florida 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy J. Meenan at ( 850 ) 681-6710  
(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