

708000000385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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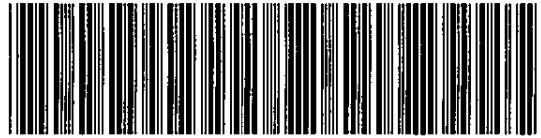
(Business Entity Name)

(Document Number)

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2/24/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** I.G.I. Underwriting Agency, Inc.

(Name of corporation)

**DOCUMENT NUMBER:** F08000000385

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:

Zev Safran

(Name of contact person)

Vcorp Services, LLC

(Firm/Company)

20 Robert Pitt Drive, Suite 214

(Address)

Monsey, NY 10952

(City/state and zip code)

For further information concerning this matter, please call:

Zev Safran

(Name of contact person)

at ( 845 ) 425-0077

(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2009

ZEV SAFRAN  
20 ROBERT PITT DRIVE  
SUITE 214  
MONSEY, NY 10952

SUBJECT: I.G.I. UNDERWRITING AGENCY, INC.  
Ref. Number: F08000000385

We have received your document for I.G.I. UNDERWRITING AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 009A00003656

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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: I.G.I. Underwriting Agency, Inc.
2. The principal office address: 59 Maiden Lane, New York, NY 10038
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: January 28, 2008 Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

United Corporate Services, Inc.

9200 S Dadeland Blvd., Suite 408

Miami, FL 33156 US

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

Vcorp Services, LLC

595 S. Federal Hwy, Suite 600

(P.O. Box NOT acceptable)

Boca Raton, FL 33432

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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.

x

  
(Signature of an officer or director)

Stephen B. Ungar, Secretary

(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) Isaac Muller  
Managing Member

January 19, 2009

(Date)

If signing on behalf of an entity:

Vcorp Services, LLC

(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