

F0900002087

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: _____

10 APR - 6 PM 4:00 PM

**REGISTERED AGENT CHANGE
SUPER AUTO INSURANCE AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
2010 APR - 6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUPER AUTO INSURANCE AGENCY, INC.

(Name of Corporation)

DOCUMENT NUMBER: F09000002087

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:

(Name of Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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 Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Super Auto Insurance Agency, Inc.
2. The principal office address: 1000 Hurrican Shoals Rd., Building C, Suite 130
Lawrenceville, GA 30043
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/21/2009 Document number: F09000002087
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Colodny, Fass, Talenfeld, Karlinsky & Abat
One Financial Plaza, 23rd Floor, 100 Southeast Third Ave.
Ft. Lauderdale, FL 33694
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

10 APR - 6 PM 4:08

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.

Joseph Wolfberg
(Signature of an officer or director)

Joseph Wolfberg - 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.

Corporation Service Company
By: [Signature]
(Signature of Registered Agent)

4/5/2010
(Date)

If signing on behalf of an entity:

Dawn Frantz, Asst. Secretary
(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
CR2E045 (8/05)