9043550233 From: 21/2009 8:29 #341 P.001/003 V Division of Corporation Page 1 of 1 Florida Department of State Division of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H09000166754 3)))



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

From:

Account Name	:	FISHER, TOUSEY,	LEAS	&	BALL
Account Number	1	119990000021			
Phone	:	(904)356-2600			
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REGISTERED AGENT CHANGE



JUAN A. COLAO INSURANCE AGENCY, INC.

Certificate of Status	
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07/21/2009 08:29

#341 P.002/003

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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT:	Juan A. Colao Insurance Agency, Inc.
	Name of Corporation

DOCUMENT NUMBER: K36572

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:

Juan A. Colao Name of Contact Person

Juan A. Colao Insurance Agency, Inc. Firm/Company

> P.O. Box 163150 Address

Miami, Florida 33116 City/State and Zip Code

juanacolao@att.net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGEN'I UN DUILI 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 Florida _________ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Juan A. Colao Insurance Agency, Inc.

2. The principal office address: 10221 S.W. 80th Street

Miami, Florida 33173

3. The mailing address (if different): P.O. Box 163150

Miami, Florida 33116-3150

- 4. Date of incorporation/qualification: 10/05/1988 Document number: K36572
- 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)

Meivin Wolfe

10651 N Kendall Dr

Mlami, Florida 33176

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

Juan A, Colao

10221 S.W. 80th Street

P.O. Box NOT acceptable

Miami, Florida 33173

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 other of director

<u>Juan A. Colao, President</u>

I hereby accept the appointment as registered agent and agree to act in this capacity. Liurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duites, 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.

of Registered Agent

If signing on behalf of an entity:

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

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