## 1. CURTIN astile Ave. es, i-1. 33134

## WILLIAM J. CURTIN

1235 Castile Ave. Coral Gulles, FL 33134

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)  30004 -12/26 *******	<b>7394231</b> /0101080018 25.00 ******25.00
(Corporation Name)	(Document #)	
4(Corporation Name)  Walk in Pick up time	(Document #)	Copy
Mail out Will wait		e of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Direct Change of Registered Agent Dissolution/Withdrawal Merger	FILED FILED EC 26 PM 4: 43 ECRETARY OF STATE LLAHASSEE, FLORIDA
OTHER FILINGS	REGISTRATION/QUALIFICATION	<u>ON</u>
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	-
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

•	
1. The name of the limited liability company is: Contin Insuran	•
2. The mailing address of the limited liability company is: 1235 CAS To	le AV
CORNL GOBLES, F1 33134	
MAY 18, 2001  3. Date of filing/registration in Florida  LO10000  4. Document num	
5. The name of the registered agent and the registered office address as shown of Florida Department of State:	, 5-a-r
Florida Department of State:  Componite Chestions Network  Name  St. F200  Address  Mioni Beach, Fla. 33139  City, State and Zip	OI DEC 26 PM 4: 43  SECRETARY OF STATE TALLAHASSEE, FLORIDA
6. The name and address of the new registered agent and/or office:	TS A
Name 1235 CATILE AV Florida street address (P.O. Box NOT acceptable)  Conol Gasles FL 33134  City, State and Zip	ATE ORIDA
If the limited liability company is not organized under the laws of the State of Fl confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized the members of the limited liability company or as otherwise provided in the art the operating agreement of the limited liability company.	of the registered office
(Signature of a member or authorized representative of a member)	_
(Printed or typed name of signee)	Th sa
I hereby accept the appointment as registered agent and agree to act in this cap comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered at Chapter 608, F.S. Or, if this document is being filed to merely reflect a change address, I hereby confirm that the limited liability company has been notified in	acity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**