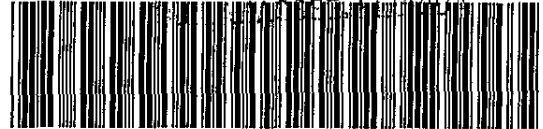


**L03000002279**

2004 MAR 26 P 3:05

SECRETARY OF STATE  
FLORIDA



**300029890583**

03/11/04--01060--006 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 20, 2004

FRANCISCO VAN MORISSING  
P.O. BOX 97  
DELRAY BEACH, FL 33447

SUBJECT: CORNERSTONE INSURANCE SERVICES, LLC  
Ref. Number: L03000002279

**FILED**  
2004 MAR 26 P 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CORNERSTONE INSURANCE SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 604A00018554

TRANSMITTAL LETTER

FILED

TO: Amendment Section  
Division of Corporations

2004 MAR 26 P 3:05

SUBJECT: CORNERSTONE Insurance Services, LLC  
(Name of corporation)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: L03000002279

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:

FRANCISCO VAN MARISSING  
(Name of person)

CORNERSTONE Insurance Services, LLC  
(Name of firm/company)

P.O. Box 97  
(Address)

DELRAY BEACH, FL 33447  
(City/state and zip code)

For further information concerning this matter, please call:

KEVIN T REY at 561, 279-1850 X136  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: CORNERSTONE INSURANCE SERVICES LL
2. The mailing address of the limited liability company is : 955 BOLENDER DR.  
DERAY BEACH FL 33483  
L03000002279
3. Date of filing/registration in Florida \_\_\_\_\_
4. Document number \_\_\_\_\_

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SPIEGEL + UTRELL P.A.  
Name  
1840 SW 22<sup>ND</sup> ST. 4<sup>TH</sup> FLOOR  
Address  
MIAMI FL. 33145  
City, State and Zip

6. The name and address of the new registered agent and/or office:

FRANCISCO VAN MARISSING  
Name  
210 NE 10<sup>TH</sup> AVE.  
Florida street address (P.O. Box NOT acceptable)  
DELRAY BEACH FL 33444  
City, State and Zip

**FILED**  
2004 MAR 26 P 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

FVM  
(Signature of a member or authorized representative of a member)

Francisco van Marissing  
(Printed or typed name of signer)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
(Signature of Registered Agent)

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