

# M44578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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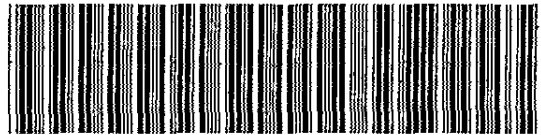
(Business Entity Name)

(Document Number)

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NOTICE OF STATE  
FILING OFFICE

RA change  
T. Lewis 1/6/04

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CENTURY PREMIUM INSURANCE FINANCE COMPANY, INC.  
(Name of corporation)

DOCUMENT NUMBER: M44578

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:

DEMETRIO CASTILLO

(Name of person)

CENTURY PREMIUM INSURANCE FINANCE COMPANY, INC.

(Name of firm/company)

2701 LeJuene, Rd., Suite 408

(Address)

Coral Gables, FL 33134

(City/state and zip code)

For further information concerning this matter, please call:

SEYMOUR SINGER

(Name of person)

at ( 305 ) 446-3033

(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 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: CENTURY PREMIUM INSURANCE FINANCE COMPANY, INC.
2. The principal office address: 2701 LEJUENE RD., SUITE 408, CORAL GABLES, FL 33134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/08/1987 Document number: M44578
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State.

DEMETRIO CASTILLO

244 BISCAYNE BLVD

MIAMI, FL 33132

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

DEMETRIO CASTILLO

2701 LEJUENE RD., SUITE 408

(P.O. Box or personal mailbox NOT acceptable)

CORAL GABLES, FL 33134

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 officer or director)

DEMETRIO CASTILLO, Director  
(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)

12/20/2003  
(Date)

If signing on behalf of an entity:

DEMETRIO CASTILLO  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
DEC 24 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA