M62413

(Requestor's Name)			
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SECRETARY OF STATE
AHASSEE, FLORIC

R.A. Charge
C.COULLIETTE
MAR 26 2009
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DUARTE INSURANCE AGENCY, INC				
(Name	e of Corporation)			
DOCUMENT NUMBER: M62413	}			
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:			
LOURDE	S CARIDAD REYES			
(Name	of Contact Person)			
DUARTE INSURANCE AGENCY, INC				
(Fi	rm/Company)			
1550 WES	ST 84TH STREET #77 (Address)			
	(Address)			
HIALE. (City/S)	AH, FLORIDA 33014 tate and Zip Code)			
For further information concerning this matter, pl	•			
To future information concerning his matter, pr	case can.			
LOURDES CARIDAD REYES	at (<u>305</u>) <u>557-2399</u> (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
F-7				
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporatio	ns Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS.

· · ·	nge is submitted for a corporation organized under th r to change its registered office or registered agent, or		
1. The name of the	he corporation: <u>DUARTE INSURANCE AGEN</u>	ICY, INC	
2. The principal of	office address: <u>1550 WEST 84TH STREET #</u>	77	
	HIALEAH, FLORIDA 33014		
3. The mailing ac	ddress (if different): SAME	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
			TASE OS
4. Date of incorp	oration/qualification: 11/12/1987 Docum	ent number: M62413	
	street address of the current registered agent and regitment of State: (If resigned, enter resigned)	stered office on file with the	he SS
	LOURDES CARIDAD RAMOS		TOF S.
	1550 WEST 84th STREET #77		3: 57 STATI
	HIALEAH, FLORIDA 33014		32
6. The name and (if changed):	street address of the new registered agent (if changed		due to divorce
	1550 WEST 84th STREET #77		
	(P.O. Box NOT acceptable)		
	HIALEAH, FLORIDA 33014		
The street address changed will	ss of its registered office and the street address of the identical.	ne business office of its re	egistered agent,
Such change //a authorized by/th	s authorized by resolution duly adopted by its board board, or the corporation has been notified in wri	d of directors or by an of ting of the change.	ficer so
(Signatu	re of an officer or director)	DES CARIDAD REY (Printed or typed name and title)	ES/PRES_
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to a o comply with the provisions of all statutes relative d I mi familiar with and accept the obligation of ming filed merely to reflect a change in the registered been notified in writing of this change.	ct in this capacity. to the proper and compl y position as registered a office address, I hereby o	ete performance gent. Or, if this confirm that the
/\{	yee)	0 3/1 9/2009	
(Sig	nature of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
	yped or Printed Name)		

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

CR2E045 (8/05)