N 06000000701

(R	equestor's Name)	
(A	ddress)	
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(A	ddress)	
(C	ity/State/Zip/Phone#)
PICK-UP		MAIL
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(B	usiness Entity Name))
(D	ocument Number)	
Cortified Conice	Contillinator of	Chabus
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE



R.A. Charge, G. Coutliste FEB 0 8 2895

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Floridians for Lower Insurance Co	sts, Inc	
(Name of Corporation	on)	
DOCUMENT NUMBER: N0600000701		
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Breck Brannen (Name of Contact Per		
(Name of Contact Per	son)	
Pennington Moore Wilkinson B	ell & Dunhar P A	
Pennington, Moore, Wilkinson, B (Firm/Company)	on a Banbar, Fire	
P.O. Box 10095 (Address)		
(Tagless)		
Tallahassee, Florida 32302-2095		
(City/State and Zip Co	ode)	
For further information concerning this matter, please call:		
Breck Brannen at (8	50 \ 222-3533	
(Name of Contact Person) (A	50) 222-3533 rea Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of S	State.	
•		
Mailing Address: Amendment Section	Street Address: Amendment Section	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
ŕ	Tallahassee, FL 32301	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Floridians for Lower Insurance Costs, Inc.
2. The principal	office address: 117 South Gadsden Street, Tallahassee, Florida 32301
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 1/23/2006 Document number: N06000000701
	d street address of the current registered agent and registered office on file with the rtment of State:
	Mark Delegal
	215 South Monroe Street, Second Floor
	Tallahassee, Florida 32301
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Brian Newman
	215 South Monroe Street, Second Floor
	(P.O. Box NOT acceptable)
	Tallahassee, Florida 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the opporation has been notified in writing of the change.
Millional	ture of appointer or director) (Printed or typed name and title)
I hereby accept I further agree of the duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been possibled in writing of this change.
	Apparture Registered Agent) (Date)
If signing on be	ehalf of an entity:
	Typed or Printed Name)

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