

N/DOWD \$630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

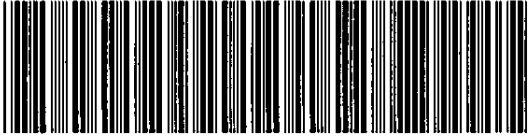
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Latin American Association of Insurance Agencies of Florida  
Name of Corporation

**DOCUMENT NUMBER:** N10000008630

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:

Jason Grodensky  
Name of Contact Person

Latin American Association of Insurance Agencies of Broward County  
Firm/Company

12552 W Atlantic Blvd  
Address

Coral Springs, FL 33071  
City/State and Zip Code

Jason@dtrtinsurance.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Grodensky at ( 954 ) 258-3452  
Name of Contact 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Latin American Association of Insurance Agencies of Broward

2. The principal office address: 12552 W Atlantic Blvd Coral Springs FL 33071 County DMC.

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/14/2010 Document number: N10000008630

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned-Advanced Professional Services

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

Jason Grodensky

12552 W Atlantic Blvd

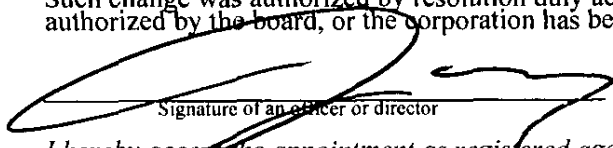
P.O. Box NOT acceptable

Coral Springs, FL 33071

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TALLAHASSEE, FLORIDA

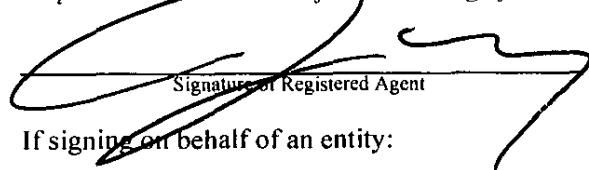
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Jason Grodensky Secretary/Treasure  
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

04/13/2012  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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