

00000054391

MICHAEL R. ABRAMSON

AGENT

ALLSTATE INSURANCE CO.

6053 ST. AUGUSTINE RD.

JACKSONVILLE, FLORIDA 32217

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 300004273103--1  
05/21/01--01077--005  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
MAY 21 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

05/24

**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,  
the undersigned corporation organized under the laws of the State of FLORIDA  
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 corporation : ABRAMSON AGENCY, INC.

2. The mailing address of the corporation : 6053 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32217

3. Date of incorporation/qualification: JUNE 5, 2000 Document number: P00000054391

4. The name and address of the current registered agent and office:

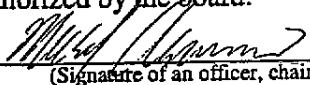
MICHAEL N SCHNEIDER  
5150 BELFORD ROAD, BUILDING 100  
JACKSONVILLE, FL 32256

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

MICHAEL ABRAMSON  
6053 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32217

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.

  
(Signature of an officer, chairman or vice chairman of the board)

5/17/01  
(Date)

MICHAEL ABRAMSON, PRESIDENT  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated  
corporation, 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.*

  
(Signature of Registered Agent)

5/17/01  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

**FILED**  
01 MAY 21 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA