## PDDDDDD04008

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(Address)						
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TALLAHASSEE, FLORID,

## **COVER LETTER**

Amendment Section Division of Corporations

		_					
SUBJECT:	Jnited Automobile Insu Name of Co	rance Group, Inc.					
DOCUMENT NUMBI	ER:P000	000064008					
The enclosed Statement	of Change of Registered Office	/Agent and fee are submitte	ed for filing.				
Please return all correspondence concerning this matter to the following:							
	Attorney Paul E Susz						
Name of Contact Person							
AMountain David E. Coron							
Attorney Paul E Susz Firm/Company							
1 min Company							
1313 NW 167th Street							
Address							
Miami Gardens, FL33169							
Miami Gardens, FL33169 City/State and Zip Code							
psusz@uaig.net							
E-mail address: (to be used for future annual report notification)							
		,					
For further information concerning this matter, please call:							
Attorne	ey Paul E Susz	at ( 305 )	947-4050				
Name o	f Contact Person	at (305) Area Code & Daytim	e Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section	Street Address:					
			Street Address: Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Cor 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

statement of cha	ange is submitted for a co	rporation organiz	607.1508, or 617.1508, Fl ed under the laws of the Sta ed agent, or both, in the Sta	ate of Florida		
	<u> </u>		Insurance Group, et Miami Gardens, Fl			
3. The mailing a	address (if different):					
4. Date of incorporation/qualification: 6/3/2000 Document number: P				P00000	200000064008	
	d street address of the cur rtment of State: (If resign		ent and registered office on	file with the		
	Charles J Grimsley	/ Esq_				
	1313 N.W. 167th S	Street		<del> </del>	<del></del>	
	Miami Gardens FL	33169			SECRETA ALLAHA 10 MAY	
6. The name and (if changed):	d street address of the nev	w registered agent	(if changed) and /or registe	red office	SSEE SSEE	
	Attorney Paul E Su	ısz (Changed)			AM 8:	
	1313 N.W. 167th S	Street			RID RID RID	
	Maria I a di	P.O Box NOT a	ecceptable		<b>▶</b>	
	Miami Gardens, FL	. 33169				
The street address changed will	ess of its registered offic be identical.	e and the street ac	ddress of the business offic	ce of its regist	ered agent,	
Such change w authorized by t	as authorized by resolut he board, or the corpora	ion duly adopted l tion has been noti	by its board of directors or	r by an officer ige.	so	
Signatu	ire of an officer or director		Richard Parri	//o Dir	ector	
I hereby accept I further agree of my duties, ar document is be corporation ho	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec s been notified writing	istered agent and isions of all statut daccept the oblig a change in the g of this change.	agree to act in this capac es relative to the proper a ation of my position as re registered office address,	ity. nd complete p gistered agent I hereby confi	verformance . Or, if this rm that the	
/ / `	gnature of Registered Agent charf of an entity.		5/12/30/ Date	0		
_ Altorne	Y PALL E SUS Typed or Printed Name	<u> </u>				

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