## P01000001871

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(Re	questor's Name)			
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Allied Insurance Inc  (Name of Corporation)
DOCUMENT NUMBER: P01000001871
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:
Thomas W Moody (Name of Contact Person)
(Firm/Company)
1939 Tyler Street
(Address)
Hollywood, Fl. 33020 (City/State and Zip Code)
For further information concerning this matter, please call:
Claudia Lozano at (954) 922-8300 (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

statement of cha	ange is submitted for a corporation of	.0302, 607.1308, or 617.1308, Florida S rganized under the laws of the State of _ rgistered agent, or both, in the State of Fi	Florida
1. The name of	the corporation; Allied Insurance Inc	•	<u>-</u>
2. The principal	office address: 2004 Polk Street	<u></u>	
Hollywood,	FI. 33020		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 1/5/2001	Document number: P010000	01871
	d street address of the current register rtment of State:	ed agent and registered office on file wit	h the
	Joseph Nesselt	<u></u> -	_
	2004 Polk Street		TASE 06
	Hollywood, Fl. 33020		器声型
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered offi	ASSET ASSET
	Thomas W. Moody		PW 12: 5
	1939 Tyler Street		Du co
	(P.O. Box NOT accep	table)	-
	Hollywood, Fl. 33020		-
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its	registered agent,
	/ /	opted by its board of directors or by an intotified in writing of the change.	
(Signatu	ire of another or director)	Joseph Nesselt [Printed or typed name and ti	(le)
I hereby accept I further agree of my duties, an document is bei corporation bas	the appointment as registered agen to comply with the provisions of all all am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	t and agree to act in this capacity, statutes relative to the proper and com obligation of my position as registered n the registered office address, I hereb nge.	nlete nerformence
_lun	WWX	7/6/06	
If signing on be	half of an entity	(Date)	
Thomas W M			
m	Sanad or Drintad Namas		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)