

P01000020343

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J-Cam Insurance Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P01000023043

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:

Allen Mergaman  
Name of Contact Person

J-Cam Insurance Corporation  
Firm/Company

2790 N. Military Trail  
Address

West Palm Beach, FL 33409  
City/State and Zip Code

acis714@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Mergaman at ( 561 ) 641 4224  
Name of Contact Person Area Code & Daytime Telephone Number  
~~641 4224~~

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: J-Cam Insurance Corp.
2. The principal office address: 2790 N. Military Trail Ste 8  
W Palm Beach, FL 33409
3. The mailing address (if different): 2082 Tarpon Lake Way  
W Palm Beach, FL 33411
4. Date of incorporation/qualification: 02/23/2001 Document number: P01000020343
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)

Allen Mergaman  
2082 Tarpon Lake Way  
W Palm Beach, FL 33411

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

Michele Jeana Mergaman  
2790 N. Military Trail Stl.#8  
P.O. Box NOT acceptable  
West Palm Beach, FL 33409

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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

Allen Mergaman, DP  
\_\_\_\_\_  
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.*

M. J. Mergaman  
\_\_\_\_\_  
Signature of Registered Agent

12/15/2011  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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