

P020000059650

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

SAPPHIRE INSURANCE ASSOCIATES, INC.

Certificate of Status	0
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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: SAPPHIRE INSURANCE ASSOCIATES, INC.
2. The principal office address: 9835 Sunset Drive, # 206
Miami, Fl. 33173
3. The mailing address (if different): _____
4. Date of incorporation/qualification: MAY 29 2002 Document number: P02000059650
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

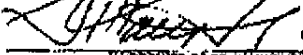
MARK E. KASS, ESQ.1497 NW 7th StreetMiami, Fl. 33125

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

Sabrinda Sanchez9835 Sunset Drive, #206 Miami, Fl. 33173(P.O. Box NOT acceptable)

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)IBRAHIM SANCHEZ, PRESIDENT

(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)Jan 27, 2005

(Date)

SABRINDA SANCHEZ
If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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