

P02000069808

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TRUE SOUTH INSURANCE CONSULTANTS, INC.  
(Name of corporation)

DOCUMENT NUMBER: P0200069808

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:

Mr. Alejandro L. Fernandez  
(Name of person)

True South Insurance Consultants, Inc.  
(Name of firm/company)

7221 Coral Way, Suite #209  
(Address)

Miami, Florida 33155  
(City/state and zip code)

500007057855--9  
-08/12/02--01074--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

For further information concerning this matter, please call:

Alejandro Fernandez at ( 305 ) 216-4106  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 AUG 12 PM 12: 28

FILED

Alejandro L. Fernandez  
gave authority for  
all corrections.

8/19

**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: TRUE SOUTH INSURANCE CONSULTANTS INC.
2. The principal office address: 7221 Coral Way, Suite #209  
Miami, Florida 33155
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: June 25, 2002 Document number: P0200069808
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Margo E. Alvarez  
13020 S.W. 103rd Terrace  
Miami, Florid 33186
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Mr. Alejandro L. Fernandez  
~~9231 S.W. 60th Street~~ 8830 NW 176 Lane  
(P.O. Box or personal mailbox NOT acceptable)  
~~Miami, Florida 33173~~ Miami, FL 33018

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, chairman or vice chairman of the board)

Alejandro L. Fernandez, 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)

8/9/02  
(Date)

If signing on behalf of an entity:

TRUE SOUTH INSURANCE CONSULTANTS, INC.

(Typed or Printed Name)

PRESIDENT

(Capacity)

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

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

02 AUG 12 PM 12:28  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA