

PD2000089930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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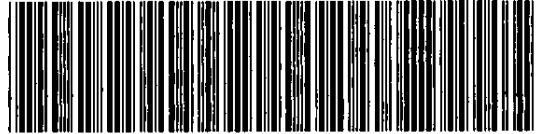
(Business Entity Name)

(Document Number)

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2009 OCT 26 P 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RD change  
Lewis  
10-28-09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Insurance Savings Group, Inc.   
(Name of Corporation)

**DOCUMENT NUMBER:** P02000089930

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:

Tom Tyler  
(Name of Contact Person)

Thomas C. Tyler, Jr., P.A.  
(Firm/Company)

735 East Venice Avenue, Suite 200  
(Address)

Venice, Florida 34285  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Tyler at ( 941 ) 488-4422  
(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**

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: Insurance Savings Group, Inc.
2. The principal office address: 992 Tamiami Trail, Suite H2  
Port Charlotte, Florida 33953
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 8-19-2002 Document number: P02000089930
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)  
Thomas C. Tyler, Jr., P.A.  
981 Ridgewood Ave., Suite 104  
Venice, Florida 34285

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

Thomas C. Tyler, Jr., P.A.  
735 East Venice Avenue, Suite 200  
(P.O. Box NOT acceptable)  
Venice, Florida 34285

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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.

X [Signature]  
(Signature of an officer or director)

Stacy L. Pinkerton, 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]  
(Signature of Registered Agent)

October 23  
August, 2009  
(Date)

If signing on behalf of an entity:

Thomas C. Tyler, Jr.  
(Typed or Printed Name)

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