(Re	equestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	ment Section of Corporations	
SUBJECT:	RANDALL JAN SMITH INS	oration
DOCUMENT!	, DA2	0000 535 13
The enclosed St	atement of Change of Registered Office/Ap	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Ramonu In Smire Name of Contac	t Person
	RANDAN IAN SMITH INSU. Firm/Comp	ance Agency Inc
	1484 Tuskawina Ro Address	D 40
	OVICOO, PL 32765 City/State and 2	Vin Codo
	Smit RAI & Bell Soot.  E-mail address: (to be used for future	NeT
For further info	rmation concerning this matter, please call:	
Francase		at ( <u>407</u> ) 721-9156 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Departmen	nt 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 char	provisions of section nge is submitted for to change its reg	or a corpora	tion organ	nized under t	he laws of th	e State of	Flords
1. The name of the	he corporation:	Kanon 1484	L IAN Tusk	Smix /	nsurmec Ruan	Afery,	Mr.
32765				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	7.0.78	001100	
	ddress (if different	):					
4. Date of incorp	oration/qualificati	on: <u>5/7</u>	12003	Docur	nent number	PO	3000053513
5. The name and Florida Depart	street address of t tment of State: (If RANGUI) /32.A.S	resigned, en	ter resignation of the second	agent and reged)	istered offic	e on file with	ı the
	ortando,	µ 39	£03				SECRETA JUL
6. The name and (if changed):	street address of the RANDAL	he new regin	stered age MHN U.A. K	nt (if change	d) and /or re	gistered offic	ECRETARSSEE, FLEWBA
			P.O. Box NO	)T acceptable		· · •	
The street addre	ess of its registered be identical.	d office and	the stree	t address of	the business	office of its	registered agent,
Such change wa	s authorized by re se board, or the co	esolution du	ıly adopte as been n	ed by its boa otified in wr	rd of directo	ors or by an o	officer so
Handa In	e of an officer or director			$\sim$	LAN S	mix per	escher
			d agent a of all sta ept the ob- ange in this is change	nd agree to d tutes relative ligation of n he registered :			plete performance agent. Or, if this y confirm that the
Hanch L	2 Smy				7/11/10		
Sign	nature of Registered Age	ent				Date	
If signing on bel	half of an entity:						
	ped or Printed Name						

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