## P030000089229

(Requestor's Name)
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SECRETARY OF STATE
ANALYSEE, FLBRIDA



February 13, 2008

MARIA SHALACK GENERAL AGENCY SERVICES INC. 1440 JF KENNEDY CSWY #420/421 N BAY VILLAGE, FL 33141

SUBJECT: GENERAL AGENCY SERVICES, INC.

Ref. Number: P03000089229

We have received your document for GENERAL AGENCY SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Todd Shalack must sign in the space provided below as registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 508A00009387

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: General agency Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: P03 0000 8 9 729
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:
Maria Shalack (Name of Contact Person)
General agency Services Inc. (Firm/Company)
1440 JF Kennedy Cswy #420/421
N. BAY VILLAGE FL 33141 (City/State and Zip Code)
For further information concerning this matter, please call:
Maria Shalacle at (305) 9625349 (Name of Contact Person) at (306) Physical 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: <u>General Cigency Services</u> , <u>Inc.</u> 2. The principal office address: <u>1440 JF Kennecly (Swy #420/421</u> N. BAY Village FL 33141
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/12/03 Document number: P03000089-729
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Tock J. Shalack  1440 JFK CSWY # 302, 210  North Bay Village fl 33141  REFERENCE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Todd Shalack  1440 JF kennedy (Swy # 420/429)  N. BAY Village FL 33141  (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.
Maria Shalach Co-presiden  Maria Shalach Co-presiden  (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.    OD 0 4 0 8   (Signature of Registered Agent) 2   14 0 8     (Signature of Registered Agent) 2   14 0 8     (Signature of Registered Agent) 2   14 0 8     (Signature of Registered Agent) 2   14 0 8     (Signature of Registered Agent) 2   14 0 8     (Signature of Registered Agent) 2   14 0 8     (Signature of Registered Agent) 2   14 0 8     (Signature of Registered Agent) 3   14 0 8     (S
(Typed or Printed Name)

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

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