103000130038

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations
SUBJECT: INSURANCE LOSS ADJUSTING FIRM, INC (Name of Corporation)
DOCUMENT NUMBER: P03000130038
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:
YVETTE PESTANO
(Name of Contact Person)
Professional Accounting Group, Inc (Firm/Company)
7758 NW 44 St
(Address)
Sunrise, Florida 33351 (City/State and Zip Code)
For further information concerning this matter, please call:
YVETTE PESTANO at (954) 578-0016
(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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statuto organized under the laws of the State of FLOF registered agent, or both, in the State of Florida	RIDA
1. The name of	the corporation: INSURANCE LOSS	S ADJUSTING FIRM, INC .	
		BLVD, 234, PLANTATION, FLORIDA 33317	
3. The mailing a	address (if different): 7027 W BROV	WARD BLVD, 234, PLANTATION, FLORIDA	A 33317
4. Date of incor	poration/qualification: 11/12/2003	Document number: P0300013003	38
	d street address of the current registertment of State:	rred agent and registered office on file with the	
	CARLOS MORCATE		TAL SE
7027 W BROWARD BLVD, #234			
	PLANTATION, FL 33317	,	-9 PI -9 PI TARY C
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office		FILED D7 NOV -9 PM 4: 50 SECRETARY OF STATE ALLAHASSEE, FLORIC
•	SONIA MORCATE		DE D
	7027 W BROWARD BLVD,		
	(P.O. Box NOT acce	eptable)	
The street address changed will	ess of its registered office and the s	treet address of the business office of its reg	istered agent,
		opted by its board of directors or by an officen notified in writing of the change.	
Signatu (Signatu	ire of an officer or director)	SONIA MORCATE, PRESIDENT (Printed or typed name and title)	
i hawahu aaaamt	the appointment as veristaved asse	nt and agree to act in this capacity. I statutes relative to the proper and complete e obligation of my position as registered age in the registered office address, I hereby con ange.	performance nt. Or, if this nfirm that the
Anni	Mich	10/16/07	
	gnature of Registered Agent)	(Date)	
If signing on be	half of an entity:	•	•
(1	yped 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 * * *