## P0400011236

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## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: Professional Underwriting Group, Inc. (Name of Corporation)								
DOCUMENT NUMBER: P04000011236								
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:								
,								
Diane Sheakley								
(Name of Contact	Person)							
Captive Insurance	€							
Services, INc.								
(Firm/Compa	iny)							
200 Hawkebury Dis	200							
209 Hawksbury Place								
(Address)								
O'FAllon, MO 633	368							
(City/State and Zip Code)								
For further information concerning this matter, please call:								
Diane Sheakley	(Area Code & Daytime Telephone Number)							
(Name of Contact Person)	(Area Code & Daytime Telephone Number)							
Enclosed is a \$35.00 check made payable to the Department	t of State.							
Mailing Address:	Street Address:							
Amendment Section	Amendment Section							
Division of Corporations P.O. Box 6327	Division of Corporations							
Tallahassee, FL 32314	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 pro	•									
statement of change	-	-	_		-			a		
in oraer to	change its re	gistered office of		**	4 -	state of rio	rida,			
Professional Underwriting  1. The name of the corporation: Group, Inc.  2. The principal office address: 2501 W. Hillsboro Blvd., Ste 106  Deerfield Beach, FL 33442										
New Addre	ss:	<del>7280 W. F</del>	-		Rd., 5	te 303	, Bo			FL
3. The mailing add	ress (if differe	nt):San	ne			<u></u>		3	3433	_
4. Date of incorpora	ation/qualifica	tion: <u>01/15/</u>	04	Docume	nt number: _	P04000	0112	36		_
5. The name and str Florida Departme		the current regis	stered agent a	and regist	ered office o	n file with	the			
		Jay Hoff	man		==					
		2501 W. Ste 106	Hillsbo	oro Bl	vd					
	·	Deerfiel	ld Beach	r, FL	33442					
6. The name and str (if changed):	reet address of	_		changed)	and /or regis	tered office		08	•	
		Jay Hoff					3	¥.	77	;.
<del></del>		7280 Wes Ste 303	st Palme	etto E	ark Rd.			1	يت	•
		Boca Rat	on Ft.	3343	. 7			ယ	m	€
_		(P.O Box NOT a	ecceptable)		, <u>J</u>		1	1	Ö	Ţ
							9	$\overline{\Box}$	,	-
The street address	of its registers	ad office and the	a street addre	acc of the	husiness of	Figs of its		~	nt	
The street address as changed will be	identical.	ed office and the	s street addit	ess of the	ousiness of	nce or its i	egistere	ou ago	<b>.</b>	*
Such change was a authorized by the b	outhorized by board, or the c	resolution duly orporation has l	adopted by i	its board I in writi	of directors ng of the cha	or by an o	fficer so	•		
llan	An	<u></u>		Alan	Ginden,	Presi	.dent			
(Signature o	f an officer or dire	ctor)		•	(Printed or typed	name and title	e)			
I hereby accept the I further agree to c of my duties, and I document is being corporation has be	omply with th am familiar v filed merely to	e provisions of with and accept o reflect a chan	all statutes i the obligation	relative to on of my	o the proper position as r	and comp evistered i	lete per, agent. ( confirm	forma Or, if that	nce this the	
Jack Min	11	•		02/2	8/08					
(Jay Hot	ire o Registered A	gent)			(Date	;)			_	
If signing on behal	•									
Jay Ho	ffman									
(Type	d or Printed Name	)	_							

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