

P04000082937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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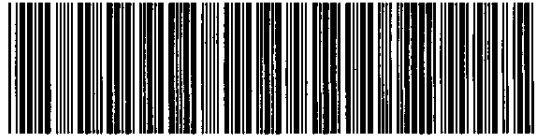
(Business Entity Name)

(Document Number)

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NO change
There is

4-1-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INSURANCE COMPLIANCE EXPERTS CORPORATION
Name of Corporation

DOCUMENT NUMBER: P04000082937

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:

JILL DRAFTS
Name of Contact Person

INSURANCE COMPLIANCE EXPERTS CORPORATION
Firm/Company

746 CRISTALDI WAY
Address

LONGWOOD, FL 32779
City/State and Zip Code

BDRAFTS@EARTHLINK.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM DRAFTS at (407) 592-2247
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2010

JILL DRAFTS
INSURANCE COMPLIANCE EXPERTS, CORPORATION
746 CRISTALDI WAY
LONGWOOD, FL 32779

SUBJECT: INSURANCE COMPLIANCE EXPERTS, CORPORATION
Ref. Number: P04000082937

We have received your document for INSURANCE COMPLIANCE EXPERTS, CORPORATION, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 510A00006974

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: INSURANCE COMPLIANCE EXPERTS CORPORATION
2. The principal office address: 746 CRISTALDI WAY
LONGWOOD, FL 32779
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/24/2004 Document number: P04000082937
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)

JILL M DRAFTS

1445 Valley Pine Circle

Apopka, FL 32712

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

JILL M DRAFTS

746 CRISTALDI WAY

P.O. Box NOT acceptable

LONGWOOD, FL 32779

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2010 MAR 31 P 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

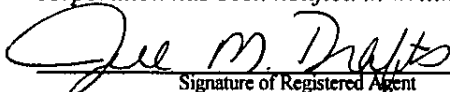
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

JILL M DRAFTS, 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 of Registered Agent

3/17/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)