

PO 50005113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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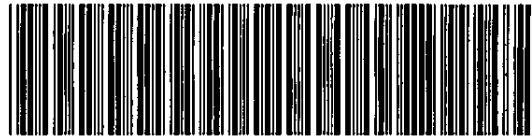
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL INDUSTRY UNDERWRITERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: POS000051131

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:

KEVIN LICCIARDELLLO
(Name of Contact Person)

ALL INDUSTRY UNDERWRITERS, INC.
(Firm/Company)

264 CRYSTAL GROVE BLVD
(Address)

LUTZ, FL 33548
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN LICCIARDELLLO at (813) 948-7772
(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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROY J SCHLEMAN, hereby resign as C. F. O.
(Title)

of ALL INDUSTRY UNDERWRITERS, INC.
(Name of Corporation)

POS000051131, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314