

P05000051131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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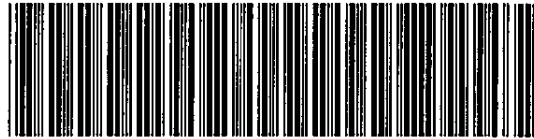
(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC 13 PM 3:44

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ASR
12/14/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Industry Underwriters, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000051131

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN LICCIANDELO
(Name of Person)

All Industry Underwriters, Inc.
(Name of Firm/Company)

264 CRYSTAL GROVE BLVD
(Address)

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

For further information concerning this matter, please call:

KEVIN LICCIANDELO at (813) 948-7772
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Persuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 620.1508, 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, of the State of FLORIDA

1. The name of the corporation: ALL INDUSTRY UNDERWRITERS, INC.
2. The principal office address: 264 CRYSTAL GROVE BLVD
LUTZ, FL 33548
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/23/2005 Document number: PD5000051131

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

ROY J. SCHLEMAN JR
264 CRYSTAL GROVE BLVD
LUTZ, FL 33548

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

KEVIN LICCIARDELLO
264 CRYSTAL GROVE BLVD
(P.O. Box NOT acceptable)
LUTZ, FL 33548

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]
(Signature of an officer or director)

Kevin Licciardello CEO
(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]
(Signature of Registered Agent)

12/12/06
(Date)

If signing on behalf of an entity:

Kevin Licciardello
(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