## P06000054459

(Req	uestor's Name)	
(Add	ress)	
<b>V</b>	,	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(540	mood Emily man	,
(Doc	ument Number)	
Certified Copies	Certificates	of Status
		···
Special Instructions to F	iling Officer:	
		ľ
		į
		ľ

Office Use Only



000136927020

10/20/08--01008--010 \*\*35.00

RA

**√** 08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: G & G INSURANCE ADJUSTE (Name of Corporation	ERS INC		
DOCUMENT NUMBER: P06000054459			
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
RAUL GALLO (Name of Contact Per	N		
(Name of Contact Per	son)		
C & C INCLIDANCE ADA	LICTEDS INC		
G & G INSURANCE ADJ (Firm/Company)	USTERSTINE		
3200 NE 14TH STREET	SUITE 267		
(Address)			
POMPANO BEACH FL 33062 FL 33062 (City/State and Zip Code)			
For further information concerning this matter, please call:			
RAUL GALLON at (	954 ) 802 - 0213 Area Code & Daytime Telephone Number)		
(Table of Collabor Policin)	area code & Bay time Telephone (valider)		
Enclosed is a \$35.00 check made payable to the Department of	State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

## 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: G & G INSURANCE ADJUSTERS INC	
2. The principal office address: 3200 NE 14TH STREET. SUITE 267	
POMPANO BEACH FL 33062	
3. The mailing address (if different): SAME AS ABOVE	
4. Date of incorporation/qualification: 04/17/2006 Document number: P06000054459	
4. Date of incorporation/qualification: 04/17/2006 Document number: P06000054459  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned)  FRANCISCO NARVAEZ  3200 NE 14TH STREET SUITE 267	K 200
FRANCISCO NARVAEZ 呈	35.5 25.5
بنج ين 3200 NE 14TH STREET SUITE 267	X10X
POMPANO BEACH FL 33062	<b>(1</b>
6. The name and street address of the new registered agent (if changed) and or registered office (if changed):	
RAUL GALLON	
<u>3200 NE 14TH STREET SUITE 267</u>	
(P.O. Box NOT acceptable)	
POMPANO BEACH FL 33062	
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)  ROU 6 C 1 Cm  (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.	
Rau 69/10 10/5/0	8
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

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