

P06000096529

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : RICARDO BAJANDAS, P.A.
Account Number : 110263002111
Phone : (305) 377-0809
Fax Number : (305) 377-0781

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REGISTERED AGENT CHANGE

ABCO INSURANCE UNDERWRITERS, INC.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABCO INSURANCE UNDERWRITERS, INC.
Name of Corporation

DOCUMENT NUMBER: P06000096529

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:

ANDREW BEYDA
Name of Contact Person

VILLANUEVA, BAJANDAS, & FITZGERALD, LLP
Firm/Company

1000 BRICKELL AVE., STE 200
Address

MIAMI, FLORIDA 33131
City/State and Zip Code

ABEYDA@VB-LAWYERS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW BEYDA at (305) 377-0086
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

CR2E045 (8/05)

Fax Audit Number: (H09000226427 3)

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**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: ABCO INSURANCE UNDERWRITERS, INC.
2. The principal office address: 350 SEVILLA AVE., CORAL GABLES, FLORIDA 33134
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/21/2006 Document number: P06000096529

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)

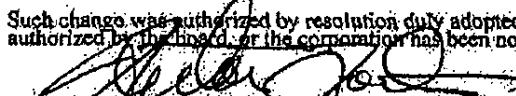
VILLANUEVA, BAJANDAS, & FITZGERALD LLP (resigned)
1000 BRICKELL AVE., STE 200 (resigned)
MIAMI, FLORIDA 33131

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

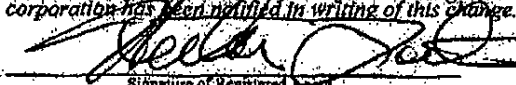
HECTOR D. FORTUN
365 PALERMO AVE.
P.O. Box NOT acceptable
CORAL GABLES, FLORIDA 33134

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 HECTOR D. FORTUN, DIRECTOR
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 10/22/09
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)

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