

PO6000115454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

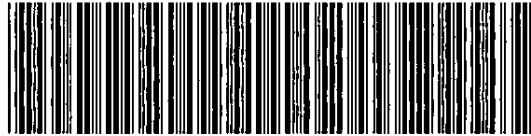
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**Murphy, Erin L.**

PO6000115454

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**From:** WJ Insurance [wjinsurancecorp@bellsouth.net]

**Sent:** Tuesday, August 11, 2009 3:35 PM

**To:** CorpAddressChange

**Subject:** change the address # 20-5502601

*Hello, appreciated your assist on change the Agency info to:*

**WJ Insurance**  
**11401 SW 40 St Suite # 334**  
**Miami, FL 33165**  
**Phone: 305-223-7122**  
**Fax:305-223-7120**

*If you need any additional information regarding this matter, please do not hesitate on contact at Agency.*

*Sincerely,*

**Diliara Jimenez**