

PO700000608152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

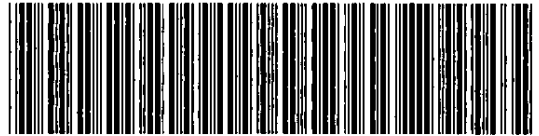
(Document Number)

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**West Coast
Insurance Group**

PO7000068152

8/3/09

West Coast Insurance Group Inc

Re: 26-0333496

Please change my physical address to 5500 Central Ave, Saint Petersburg FL 33707

Everything else being the same.

Thank you very much

Jason Miller

Owner/President