

PO80000 23321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

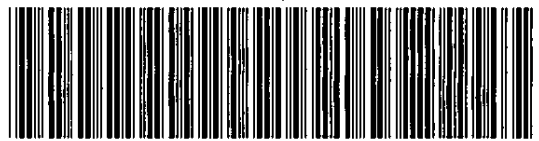
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**Murphy, Erin L.**

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**From:** Armando Avila [armando.avila.mkdo@statefarm.com]  
**Sent:** Tuesday, July 28, 2009 3:33 PM  
**To:** CorpAddressChange  
**Cc:** Armando Avila  
**Subject:** Armando E Avila Insurance Agency Inc (Business Taxpayer Identification number: 42-1758595)

To whom it may concern,

Please change my business address to: 3036 Griffin Rd Suite 4

Fort Lauderdale FL 33312

President/Owner: Armando E. Avila

President/owner address; 3036 Griffin Rd Suite 4

Fort Lauderdale FL 33312

President/owner mailing address: 3036 Griffin Rd Suite 4

Fort Lauderdale FL 33312

President/owner email address: Armando.avila.mkdo@statefarm.com

President/owner phone number: 954 987 0919

President/owner fax number: 954 987 0939

Business Taxpayer Identification number: 42-1758595

Thank you.

Armando E. Avila