

PO8000023321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

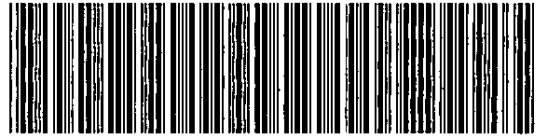
(Business Entity Name)

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Murphy, Erin L.

PO8000623321

From: Armando Avila [armando.avila.mkdo@statefarm.com]
Sent: Friday, August 14, 2009 3:56 PM
To: CorpAddressChange
Cc: Armando Avila
Subject: FW: Armando E. Avila Insurance Agency Inc. (Business Taxpayer Identification number 42-1758595)

To whom it may concern:

Please update the mailing address for Armando E. Avila Insurance Agency Inc. (Business Taxpayer Identification number 42-1758595) to:

3036 Griffin Rd Suite 4

Fort Lauderdale FL 33312

Thank you,

Armando E. Avila