(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
. (Business Entity Name)			
(Document Number)			
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07/21/08--01051--008 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Ferguson's Insurance of Florida, Inc. (Name of Corp.)				
DOCUMENT NUMBER: P08000036708				
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Terence Ferguson				
(Name of Contact Person)				
(Firm/Company)				
7704 SW 7th Street				
(Address	9			
North Lauderdale, FL 33068				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Terence Ferguson	at (954) 675-2365			
(Name of Contact Person)	At (954) 675-2365 (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			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State of $_{\perp}$	
in orde	er to change its registered office o	or registered agent, or both, in the State of I	Florida.
1. The name of	the corporation: Ferguson's Insu	rance of Florida, Inc	
2. The principal	office address: 750 E Sample Re	oad Bldg 3 Ste 1 Pompano Beach, FL 330	064
			
3. The mailing a	address (if different): 7704 SW 7	th Street North Lauderdale, FL 33068	
4. Date of incor	poration/qualification: 04/09/200	Document number: P08000	036708
	d street address of the current regirtment of State:	istered agent and registered office on file wi	ith the
	Terence Ferguson		-
	7300 W McNab Rd #113	3	7 SF
	Tamarac, FL. 33321		TALLAHASS
6. The name and (if changed):	d street address of the new registe	ered agent (if changed) and /or registered of	
	Terence Ferguson		AM 9: 39 EE, FLORID
	7704 SW 7th Street		DA S
	(P.O. Box NOT	•	-
	North Lauderdale, FL 33	<u> </u>	_
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of i	ts registered agent,
Such change wanthorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by ar been notified in writing of the change.	n officer so
llege	ure of an officer of director)	Terence Ferguson - Director (Printed or typed name and	title)
of my duties, and document is bei	the appointment as registered a to comply with the provisions of an familiar with and accept ing filed merely to reflect a chan s bein notified in writing of this	agent and agree to act in this capacity. Fall statutes relative to the proper and con the obligation of my position as registere age in the registered office address, I here change.	nplete performance ed agent. Or, if this by confirm that the
Prence	Terguson	July 15, 2008	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
	Typed or Printed Name)	_	

* * * FILING FEE: \$35.00 * * *