

P08000061418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



400156068884

05/20/09--01020--005 \*\*35.00

FILED  
09 MAY 20 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA CM 5/20/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Insurance Group Management, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000061418

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron L. Cubbison  
Name of Contact Person

Insurance Group Management, Inc.  
Firm/Company

3909 NE 163rd Street  
Address

North Miami Beach, FL 33160  
City/State and Zip Code

acubbison@argusinsgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron L. Cubbison at ( 305 ) 521.0400 (Ext. 2108)  
Name of Contact Person 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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Insurance Group Management, Inc.
2. The principal office address: 3909 NE 163rd Street, North Miami Beach FL 33160
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/24/2008 Document number: P08000061418
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T Corporation System

1200 South Pine Island Road

Plantation FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Aaron L. Cubbison

3909 NE 163rd Street

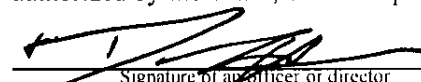
P.O. Box NOT acceptable

North Miami Beach, FL 33160

FILED  
09 MAY 20 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

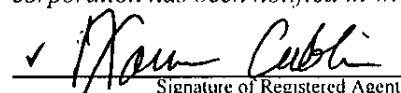
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

DAVID S. MILTON - DIRECTOR  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

05/18/2009  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)