## P08000062480

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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	,
·· (Document Number)	· · · · · ·
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## Malave, Erin M.

From: Sent:

-2-

Deborah Matos [debmatos@me.com] Wednesday, December 23, 2009 2:20 PM

To: Subject: CorpAddressChange change of address

I need to change the address for the Insurance Shoppe, Inc.

new: 8530 los robles drive

groveland, fl 34736

office: 866-350-4347

the address for Deborah Matos is to be changed to the above all address for the principal, mailing & registered agent should be at the above address changed.

doc # P080000<u>62480</u>