

PD 8D000084479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

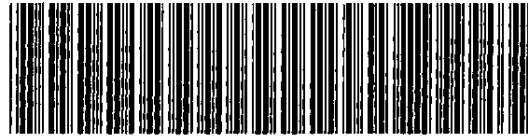
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 AM 10:30

Rd/chg
@ 8.23.11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allied Insurance Management Inc
Name of Corporation

DOCUMENT NUMBER: P08000084479

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:

Dawn I Fields
Name of Contact Person

Allied Insurance Management Inc
Firm/Company

PO Box 151447
Address

Cape Coral FL 33915-1447
City/State and Zip Code

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

For further information concerning this matter, please call:

Dawn I Fields at (239) 541-3100
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: Allied Insurance Management Inc
2. The principal office address: 1617 Santa Barbara Blvd., Ste 1
Cape Coral FL 33991
3. The mailing address (if different): PO Box 151447
Cape Coral FL 33915-1447
4. Date of incorporation/qualification: 09/15/2008 Document number: P08000084479
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)

Dawn I Fields

3705 Chiquita Blvd

Cape Coral FL 33914

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

Dawn I Fields

1617 Santa Barbara Blvd., Ste 1

P.O. Box NOT acceptable

Cape Coral FL 33991

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.

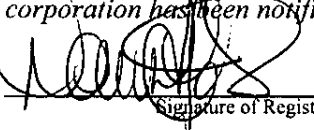


Signature of an officer or director

Dawn I Fields Pres

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

08/18/2011

Date

If signing on behalf of an entity:

Dawn I Fields

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)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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