

P08000104098

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
11/1/13

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Financial Insurance Advisors, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000104098

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:

Joseph Adkins  
Name of Contact Person

Financial Insurance Advisors, Inc.  
Firm/Company

2139 SR 434 W. Ste. 102  
Address

Longwood, FL 32779  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph Adkins at ( 407 ) 545-6447 x 3002  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Financial Insurance Advisors, Inc.
2. The principal office address: 2139 SR 434 W. Ste. 102  
Longwood, FL 32779
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/24/2008 Document number: P08000104098
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)

Joseph Adkins

101 S. Wymore Road, Suite 224  
Altamonte Springs, FL 32714

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

Joseph Adkins

2139 SR 434 W. Ste. 102

P.O. Box NOT acceptable

Longwood, FL 32779

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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.

Joseph Adkins  
Signature of an officer or director

Joseph Adkins, President  
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.*

Joseph Adkins  
Signature of Registered Agent

9-18-2013  
Date

If signing on behalf of an entity:

Joseph Adkins  
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