

PO9000024162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

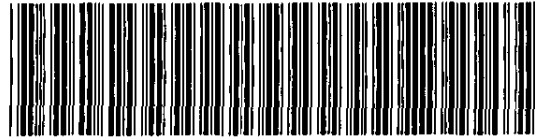
(Business Entity Name)

(Document Number)

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MR/KEP

P09000024162

Untitled

ATTENTION:

AMMENDMENT DEPT.
PLEASE AMMEND THE
FOLLOWING TAX ID#26-4486675
TO:

TAX ID#26-4486685
S CORPORATION: CASABLANCH
INSURANCE P.A.
2157 S TAMiami TRAIL
VENICE FL 34293
PHONE
NUMBER: (941)496-4369

THANK

YOU SINCERELY

SUSAN BLANCH

Page 1