P09000041881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400163432754

AC
12/23/09

Malave, Erin M.

From: Phil Visali [phil@weinsurefl.com]
Sent: Wednesday, December 23, 2009 3:19 PM
To: CorpAddressChange
Subject: P09000041881

MAILING ADDRESS CHANGE
PO BOX 23865
JACKSONVILLE FL 32241

Principal Address Change

5039 SUNBEAM RD
JACKSONVILLE FL 32257

Regards,

Philip Visali

We Insure Florida
5039 Sunbeam Rd
Jacksonville FL 32257

(904) 288-8978 - Office
(904) 288-8979 - Fax