(Re	equestor's Name)	
(Ac	ddress)	
(Ac	dress)	*
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	,	

Office Use Only



600187144146

10/6/10 E. DENNARD

AC

Malave, Erin

٠, ٢

P1000016309

From: Gislaine Toussaint [info@prestigeinsurancespecialists.com]

**Sent:** Tuesday, October 05, 2010 11:02 AM

**To:** CorpAddressChange **Subject:** Address Change

Good morning,

I would like to change the business address of <u>Prestige Insurance Specialist Inc.</u> from 7220 N Miami Avenue Miami, Florida 33150 to 10475 NW 7th Avenue Miami, FL 33150. For more information, please call me at 954-534-4499.

Sincerely,

Gislaine Toussaint President