

P10000021198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

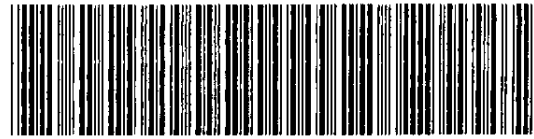
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
11 APR - 1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



March 28, 2011

Ms. Tina Roberts
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Roberts,

As per our conversation on March 28, 2011, please find the forms completed for the change of the registered agent. We were missing the signature and name/title of the officer. You already have our payment on file, please make the necessary changes.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Maribel de Armas", is written over the typed name and title.

Maribel de Armas
Office Manager

RECEIVED
11 APR - 1 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insure Pro Public Adjusters Inc.
Name of Corporation

DOCUMENT NUMBER: P10000021198

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:

Albert Fernandez
Name of Contact Person

Insure Pro Public Adjusters Inc.
Firm/Company

7891 West Flagler Street, #398
Address

Miami, Florida 33144
City/State and Zip Code

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

For further information concerning this matter, please call:

Albert Fernandez at (305) 614-6259
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: Insure Pro Public Adjusters, Inc.
2. The principal office address: 7891 West Flagler Street, #398
Miami FL 33144
3. The mailing address (if different): PO Box 523454, Miami FL 33152
4. Date of incorporation/qualification: 3/10/2010 Document number: P10000021198
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)

Ernie Fernandez
7891 West Flagler Street #398
Miami FL 33144

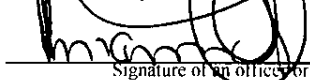
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Albert Fernandez
7891 West Flagler Street, #398
Miami FL 33144

P.O. Box NOT acceptable

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.

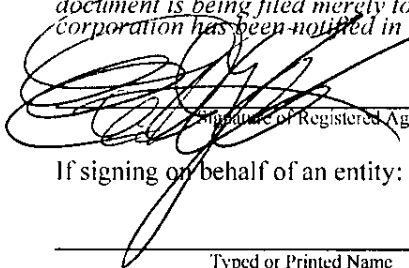


Signature of an officer or director

Albert Fernandez, Vice 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.



Signature of Registered Agent

3-28-2011

Date

If signing on behalf of an entity:

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

FILED
11 APR - 1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA