P10000025700

(Req	uestor's Name)						
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T. LEWIS

COVER LETTER

UNIVERSAL CONDOMINIUM INSURANCE INC Name of Corporation P10000025700 DOCUMENT NUMBER: 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: Troy Visser Name of Contact Person Universal Condominium Insurance Inc Firm/Company 2801 Ocean Dr, Suite 300 Address Vero Beach, FL 32963 City/State and Zip Code troy.visser@universal-condo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Troy Visser Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section **Division-of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO: Amendment Section

Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502 ange is submitted for a corporate er to change its registered office	tion organized	l under the laws of the St	tate of FLOF	RIDA		
1. The name of	the corporation: UNIVERS	AL COND	OMINIUM INSU	RANCE I	NC		
2. The principal	office address: 2801 Ocean	Dr, Suite 3	300, Vero Beach, FL	32963			
3. The mailing a	address (if different):						
4. Date of incorporation/qualification: 03/24/2010 Document number: P10					0000025700		
	d street address of the current re rtment of State: (If resigned, ent	~ ~	and registered office on	file with the			
	United States Corporation	on Agents I	nc				
	13302 Winding Oaks Bl	vd, Suite A	-100				
	Tampa, FL 33612				7¥£		
6. The name and (if changed):	d street address of the new regis	stered agent (if	changed) and /or registe	ered office	APR 19	Market	
	Troy Visser						
	2801 Ocean Dr, Suite 3				E INTE		
	Vero Beach, FL 32963	P.O. Box NOT acco	eptable		> m -	•	
The street addr	ess of its registered office and be identical.	the street add	ress of the business offi	ice of its regi	stered agent,		
Such change wauthorized by t	as authorized by resolution du he board, or the corporation ha	ly adopted by as been notifie	its board of directors o	r by an office ige.	er so		
Signatu	re of an officer or director		Printed or typed na				
I hereby accept I further agree of my duties, ar document is be	the appointment as registered to comply with the provisions ad I am familiar with and acce ing filed merely to reflect a chi s been notified in writing of thi	of all statutes pt the obligat ange in the re	gree to act in this capac relative to the proper of	rity. and complete	performance nt. Or, if this firm that the	?	
04/03/2012			2012				
_	mature of Registered Agent	_	Date		_		
11 signing on be	chalf of an entity:						
Т	yped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *