

P100000049199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

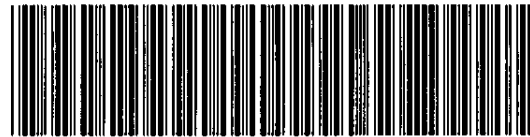
(Business Entity Name)

(Document Number)

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**Malave, Erin**

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**From:** Mark Gordon [mark.mdsins@gmail.com]

**Sent:** Thursday, September 16, 2010 11:58 AM

**To:** CorpAddressChange

**Subject:** P10000049199

Please change the principal place of business and mailing address on my Articles of Incorporation to the address below.

Thank you

MDS Insurance Services, Inc.  
7401 Wiles Road, Suite 255  
Coral Springs, FL 33067

(954) 227-6970 Tel  
(954) 227-3466 Fax