

P100000069428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

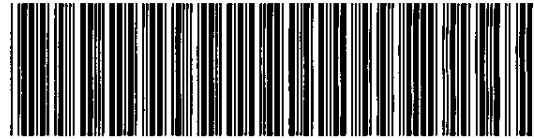
(Business Entity Name)

(Document Number)

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Malave, Erin

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**From:** Diana Fernandez [metinsurance@hotmail.com]

**Sent:** Tuesday, October 19, 2010 10:12 AM

**To:** CorpAddressChange

**Subject:** Business Address Change Request/Tax ID 27-3305132/MET Insurance Group, Inc.

Good Morning,

I need to change the address of the location of my office. The address should read as follows:

6680 SW 164 AVE  
Miami, FL 33193

The tax id of the corporation is : 27-3305132  
Name of corporation: MET INSURANCE GROUP INC.

Please feel free to contact me at your earliest convenience if you need any further documentation or if I need to provide any other form in order to make this change.

Thank you for all your help in regards to this matter.

Diana Fernandez  
MET Insurance Group, Inc.  
6680 SW 164 AVE  
MIAMI, FL 33193  
Office: 305-298-0123  
Fax: 305-279-7888