

P11000055593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*

NOV 07 2012

T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change of Registered Agent & Address

Name of Corporation

**DOCUMENT NUMBER:** P11000055593

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:

Warren K. Trowbridge

Name of Contact Person

Trusted USA Insurance, Inc.

Firm/Company

2646 SW Mapp Road - Suite 302

Address

Palm City, FL 34990

City/State and Zip Code

ktrowbridge@calltrustedusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Brady

Name of Contact Person

at ( 866 ) 266-7720 x306

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Trusted USA Insurance, Inc.
2. The principal office address: 2646 SW Mapp Road, Suite 302, Palm City, FL 34990
3. The mailing address (if different): same

4. Date of incorporation/qualification: 06/14/2011 Document number: P10000055593

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)

Forbes, Richard

11883 SW 9th Manor Drive

Davie, FL 34990

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

Warren K. Trowbridge

2646 SW Mapp Road - Suite 302

P.O. Box NOT acceptable

Palm City, FL 34990

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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

Mary Jo Thiboult

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

0/31/12

Date

If signing on behalf of an entity:

Warren K. Trowbridge

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