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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Protect & Prepare Insurance, Inc.

Name of Corporation

DOCUMENT NUMBER:

P13000047174

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:

Imma Berg

Name of Contact Person

Protect & Prepare Insurance, Inc.

Firm/Company

7630 N. Wickham Road, Suite 103

Address

Viera, Florida 32940

City/State and Zip Code

ImmaBerg@ProtectPrepare.com

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

For further information concerning this matter, please call:

Nikisha Paige

,321

610-1700

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

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