

092 000001939

MEG & ASSOCIATES INSURANCE
(305) 825-3924
1800 WEST 49TH STREET STE 217
HIALEAH, FL 33012

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 DEC 29 PM 1:41

FILED

Examiner's Initials

ac 1-4-01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

NOV 18 2000

November 14, 2000

MEG & ASSOCIATES INSURANCE
1800 WEST 49TH ST., STE ~~217~~ 213
HIALEAH, FL 33012

✓ Please Correct -
Correction Attached -

SUBJECT: M.E.G. & ASSOCIATES INSURANCE BUSINESS OFFICE INC.
Ref. Number: P92000001939

Thos.
Harris

We have received your document for M.E.G. & ASSOCIATES INSURANCE BUSINESS OFFICE INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut
Corporate Specialist

Letter Number: 400A00058625

RECEIVED
00 DEC 29 AM 8:28
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2), Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the State of FLORIDA submits the following statement in order to change the registered office in Florida.

1. The name of the corporation: M. E. G. & Associates Insurance
Business Office Inc.

2. The street address of the current registered office:

1170 Wren Avenue
Miami Springs, FL 33166

3. The street address of the new registered office:

344 Payne Dr
Miami Springs, FL 33166

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 DEC 29 PM 1:41

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The corporation has been notified in writing of this change.

The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.

Date: 11/2/00

Maria E. Gonzalez
(Signature of Registered Agent)

MARIA E. Gonzalez
(Printed or Typed Name)

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314