

P93000023321

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

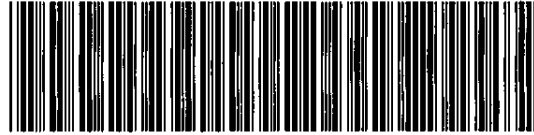
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000185580310

9/17/10  
E. DENNARD  
AC

Malave, Erin

P930000 23321

---

**From:** Dleon Insurance [master@dleonins.com]  
**Sent:** Wednesday, September 15, 2010 1:56 PM  
**To:** CorpAddressChange  
**Subject:** D'Leon Insurance Adress change request

Dear Sir/ Madam:

This is a change of address request for D'Leon Insurance & Financial Services as follows: 8700 West Flagler Street Suite 320 Miami, Florida 33174  
Should you have any question please do not hesitate to contact our office at 305-551-5741.  
Thank you.

*Ana L. Argüello*

D'LEON INSURANCE & FINANCIAL SERVICES  
8700 West Flagler Street Suite #320  
Miami, Florida 33174  
Office: 305-551-5741 Fax: 305-551-5742