## P94000064585

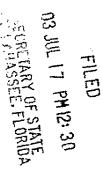
(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		ĺ

Office Use Only



200021495892

07/17/03--01055--012 \*\*35.00



210chg-MM2103

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	<del>=</del>		
SUBJECT: Advanced	· · · · · · · · · · · · · · · · · · ·	•	, Inc.
document number: <u>f</u>	9400006458	5	
The enclosed Statement of Chan	ge of Registered Office/Age	nt and fee are s	submitted for filing
Please return all correspondence	concerning this matter to th	e following:	
Charles L (Name of p	andrum =		<b>*</b>
(Name of firm/	company)	· —	17
Advanced insurance P.O. Box 1429 Gainesville, FL.	38		**
(City/state and	zip code)	- 5	عد م
For further information concerni	ng this matter, please call:		
Charles Lag (Name of person)	ndrum at (35C) (Area code	) 33/- & daytime telep	7/8 Z hone number)
Enclosed is a \$35.00 check made	e 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 Corporation 409 E. Gaines Street Tallahassee, FL 32399		

## 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  Hor. or both, in the State
of Florida.
1. The name of the corporation: Howard Insure Concepts, Inc.
2. The principal office address: 526 SW 4154 Street
6amsville, FL 32607
3. The mailing address (if different): PD Box 142938
60, hs ville, FL = 32614
4. Date of incorporation/qualification: 9/1/194 Document number: 194 000064585
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Charles 11 handrum
1800 Bee Pond Rd
Palm Harbor FL 34683
6. The name and street address of the new registered agent (if changed) and /or registered office
changed): Charles T. Landrum
526 SW 41 St Street  (P.O. Box or personal mailbox NOT acceptable)
and the second s
<u> 6a. hrsville, FL 32607</u>
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, chairman or vice chairman of the board)  (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)  7/16/03 (Date)
If signing on behalf of an entity:
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*