

PG5000015695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

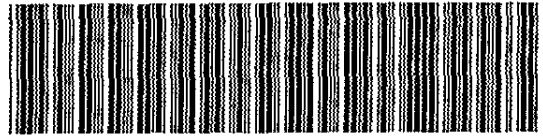
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800019177908

05/27/03--01022--006 **35.00

FILED
03 MAY 27 PM 3:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

5/27/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW GENERATION INSURANCE GROUP INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Josey Falcon

(Name of Person)

NEW GENERATION INSURANCE GROUP, INC.

(Name of Firm/Company)

21 PONCE DE LEON BOULEVARD,

(Address)

CORAL GABLES FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Ms. Josey Falcon at (305) 444-4157

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

FILED

03 MAY 27 PM 3:0

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

1. The name of the corporation: NEW GENERATION INSURANCE GROUP, INC.
2. The principal office address: 21 PONCE DE LEON BOULEVARD,
CORAL GABLES FLORIDA 33134
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 02/24/1995 Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Marlene Gomez
NEW GENERATION INSURANCE GROUP, INC.
21 PONCE DE LEON BOULEVARD,
CORAL GABLES FLORIDA 33134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Josey Falcon
NEW GENERATION INSURANCE GROUP, INC.
21 PONCE DE LEON BOULEVARD,
CORAL GABLES FLORIDA 33134

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.

Josey Falcon JOSEY FALCON, President/Director
(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.

Josey Falcon
(Signature of Registered Agent)

5/22/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** 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