200000905 Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. ___ P.O. Box 5347 ■ Fort Lauderdale, Florida 33310 (954) 581-9993 office **(954)** 584-0724 fax (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Certified Copy □ Walk in Pick up time Mail out Will wait Photocopy Certificate of Status

NEW GILINGS				
	Profit			
	NonProfit			
	Limited Liability			
	Domestication			
	Other			

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
\	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

CONTERUDINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

FILED

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SECRETARY OF STATE
FALLAHASSEE, FI ORIDA

OCT 9 1998

Examiner's Initials



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

th e	. undereigned	corporation o ing statement i	raanized und	er the law	508, or 617.1508, F s of the State of tered office or regist	
		a armaration is:	Flored	- Stock	2 Discourt	

1a. The name of the corporation is: The name of the corporation is:
Insurance Auto rags at Coral Springs, Inc.
1b. The mailing address of the corporation is: P.O. Box 5347 F4. Lauderdale F2 33310
1c. Date of incorporation: 12(27/96 Document number: 96 00000905
2. The name and address of the current registered agent and office:
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
Padrick D. Doyle
4161 NW 5th street BAS
Plantation, F2 33317
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 office so authorized by the board.
(Date)
(Signature of an officer, chairman or vice chairman of the board) (Date)
Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
9-17-98
(Signature of Begistered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045(11/94)

FILING FEE: \$35.00