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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations			
Central Florida Regional Ins Underwriters Inc			
SUBJECT: DBA: Central Florida Ins Agency of TNC (Name of corporation)			
(Name of corporation)			
DOCUMENT NUMBER: Registration # G02239900314			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Sadegh M. Shamehdi			
(Name of contact person)			
Central Fla Ins Agency of TNC			
(Firm/Company)			
7720 W. Waters Ave.			
(Address)			
TAmpa, FL 33615			
(City/state and zip code)			
For further information concerning this matter, please call:			
To Tarther information concerning and matter, please care.			
Sadegh M. Shamehdi at (813) 885-2900 (Name of contact person) (Area code & daytime telephone number)			
(Name of contact person) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
~ 2 . A			
Mailing Address: Street Address: Amendment Section Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399			

CR2E045(6/04)

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 617.1 statement of change is submitted for a corporation organized under the laws of	
in order to change its registered office or registered agent, or both, in	·
CENTRAL FLORIDA REGIONAL	•
1. The name of the corporation: DBA CENTRAL FLORIDA INS	
2. The principal office address: 7720 W Waters Ave	
Tampa, FL 33615	
3. The mailing address (if different): same assabove	
4. Date of incorporation/qualification: Document num	ber: <u>G02239900314</u>
5. The name and street address of the current registered agent and registered of Florida Department of State:	fice on file with the
- Sadegh M. Shamehdi	20 DIV
7041 W Waters 240 7624 Du	nbridge Dr.
7041 W. Waters Ave. 7624 Du Tampa, FL 33634 ODESSO.	F1 27652
	nbridge Dr. 55 55 55 55 55 55 55 55 55 55 55 55 55
6. The name and street address of the new registered agent (if changed) and /or (if changed):	_ ~
Sadegh M. Shamehdi	
7720 W. Waters Ave	
(P.O. Box NOT acceptable) Tampa, FL. 33615	- ,
The street address of its registered office and the street address of the business changed will be identical.	ess office of its registered agent,
Such change was authorized by resolution duly adopted by its board of dire authorized by the board, or the corporation has been notified in writing of the	ctors or by an officer so he change.
/ Supporture of on officer or depostors	Shamehdi, President
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the prof my duties, and I am familiar with and accept the obligation of my position document is being filed merely to reflect a change in the registered office accorporation has been notified in writing of this change.	capacity oper and complete performance 1 as registered agent. Or, if this dress, I hereby confirm that the
S : S	_
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	
(1) ped of 1 times (tume)	

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