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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)

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:

Sadegh M. Shamehdi

(Name of contact person)

at ( 813 )

885-2900

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made 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 Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314