

Requestor's Name

INTERSTATE INSURANCE SERVICES
P. O. BOX 1245
PALM CITY, FLA. 34991

Office Use Only

IBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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08/20/97-01021-002
*****35.00 *****35.00

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 27, 1997

INTERSTATE INSURANCE SERVICES
PO BOX 1245
PALM CITY, FL 34991

SUBJECT: INTERSTATE INSURANCE SERVICES, INC.
Ref. Number: P97000001374

We have received your document for INTERSTATE INSURANCE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

PLEASE REDO THE FORM AND EITHER PRINT OR TYPE. IT IS DIFFICULT TO UNDERSTAND SOME OF THE SCRIPT.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 497A00043099

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of FLA. submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: INTERSTATE INSURANCE SERVICES INC

2. The mailing address of the corporation is: P.O. BOX 1245
PALM CITY FL 34991

3. Date of incorporation/qualification: 1/7/97 Document number: P97000001374

4. The name and address of the current registered agent and office:

Ameri Lawer
343 Almeria Ave
Coral Gables FLA 33134

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

AL FALSETTI
1573 CROSSING CIR
PALM CITY FL 34991

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.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

ALBERT FALSETTI

(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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

AL FALSETTI Pres.

(Typed or Printed Name)

(Capacity)