

P97000070859

U. S. Insurance, Inc.
299 Alhambra Circle, Suite # 517
Coral Gables, FL. 33134

800002318788--5
-10/13/97--01084--013
*****35.00 *****35.00

City/State/Zip

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(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

RECEIVED
TALLAHASSEE, FLORIDA
10-13-97
2:58
P97000070859
P97000070859

Examiner's Initials

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

1a. The name of the corporation is: U. S. Insurance, Inc.

1b. The mailing address of the corporation is: 299 Alhambra Circle, Suite 517
Coral Gables, Fl. 33134

1c. Date of incorporation: August 14, 1997 Document number: P97000070859

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

AL Yoviene
9995 Sunset Drive, Suite 107
Miami, Fl. 33173

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

Mike Fraginals
299 Alhambra Circle, Suite 517
Coral Gables, Fl. 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.

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

Sept 29, 1997
(Date)

GLEN GARNER, president
(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]
(Signature of Registered Agent)

Sept 29, 1997
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)