

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue
Tallahassee, FL 32301
(850) 681-6528

FOR PICKUP BY **UCC SERVICES** 

OFFICE USE ONLY (Document #)

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CORPORATION NAME	(S) AND DOCUMENT NUMBE Insurance US.	ER(S) (if known):	A
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Walk In  Mail Out  Will Wait  Photocopy  SNEW FILINGS	Pick Up Time	Certified Copy ASS Certificate of Fig. ARTICLES ONL ALL CHARTER	ed Standing
Profit NonProfit Limited Liability Domestication Other	Merger	Examina Cartificate of Pit	STITIOUS NAME
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/QUALIFICA Foreign Limited Partnership Reinstatement Trademark Other	ATION COU	7
Ordered By:			
Date:		<del>-</del>	

## 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 undersigned con	e provisions of sections 607.050 rporation organized under the la	02, 617.0502, 607.1508, or 617.1508, 1 nws of the State of Florida	Florida Statutes, the
submits the following State of Florida	lowing statement in order to cha a	ange its registered office or registered of urance u.s.a., INC.	igent, or both, in the
2. The mailing address of the corporation is:		3132 N. Federal Highway,	
		Lighthouse Point, FL 33064	
3. Date of income and 4. The name and	id address of the current register	Document number:	77000080273
7	526 East Park Av	<del></del>	ರ್ಜ9
	Tallahassee, FL		7 NOV
5. The name an	MICHAEL J. QUARE	agent and office: (P.O. Box Not Accepts QUIO, ESQ. The Street, Suite 100	SP . <u></u> —
	Fort Lauderdale,	FL 33301	
The street addreagent, as change	ess of its registered office and the	e street address of the business office of	its registered
X	as authorized by resolution duly and board.  The board of the board.		
<i>TT T</i>		or typed name and title)	
Mul. (Signature	med as registered agent and to a the appointment as registered as provisions of all statutes relative ar with and accept the obligation of Registered Agent)  of Registered Agent)  thalf of an entity:	accept service of process for the above s gent and agree to act in this capacity. I se to the proper and complete performan n of my position as registered agent.	stated corporation, further agree to ice of my auties,
(Typed or	Printed Name)	(Capacity)	
CR2E045(1/95)		דוז זא	C FFF - 535 00

FILING FEE: \$35.00