

P99 0000 07700

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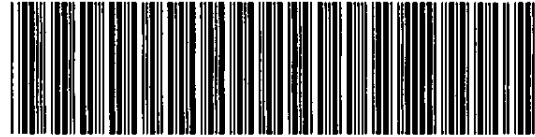
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Admiral Insurance Associates Inc.
Name of Corporation

DOCUMENT NUMBER: P99000007700

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:

Christopher R Hodgins
Name of Contact Person

Firm/Company

4440 SW Hagan St
Address

Port St Lucie, FL 34953
City/State and Zip Code

Chris@allpsi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Hodgins at (800) 550-0681
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Admiral Insurance Associates, Inc.
2. The principal office address: 9121 N Military Trail #217
Palm Beach Gardens FL 33410
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1/21/1999 Document number: 99900000 7700

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Christopher R Hodgins
4440 SW Hageplan St
Port St Lucie, FL 34953

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lela Hodgins
4440 SW Hageplan St
P.O. Box NOT acceptable
Port St Lucie, FL 34953

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, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Christopher R Hodgins
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

12/12/12
Date

If signing on behalf of an entity:

Lela Hodgins
Typed or Printed Name

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