P99000083194

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

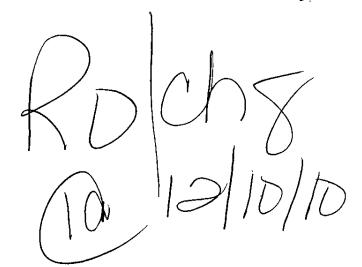




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TALLAHASSEEFFLORIDA



COVER LETTER

0.,

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO: Amendment Section Division of Corporations			
SUBJECT: Le Marbre Insurance Service. Inc Name of Corporation			
DOCUMENT NUMBER: P99 0000 83194			
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:			
Richard M. Le Marbre Name of Contact Person			
Le Marbre Insurance Service, Inc			
Firm/Company			
10575 68th ave N: #B-3			
SEMINOLE FL 33772 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Richard Le Marbre at (727) 282-1940 Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Le Marbre Insurance Service, Inc.
2. The principal office address: 10575 Le8th Ave N. # B-3
SEMINOLS FL 33772
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9115/1959 Document number: P9900008319
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)
Richard M. Le Marbre
Richard M. Le Marbre 1901 Tyrone Blud N
ST. PETERSBORG, FL 33710
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kichara M. Lemarone
Richard M. Le Marbre 10575 Logth Ave N. #B-3 P.O. Box NOT acceptable
SEMINDIE FL 33772
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.
Richard M. Le Marbre 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.
12-08-10
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *