

S52337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

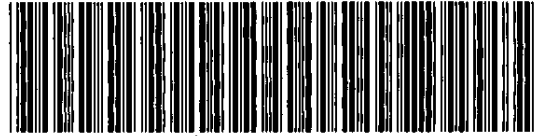
(Business Entity Name)

(Document Number)

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**Malave, Erin**

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**From:** support@floridaincorporator.com  
**Sent:** Tuesday, September 28, 2010 8:19 PM  
**To:** CorpAddressChange  
**Cc:** support@floridaincorporator.com  
**Subject:** C & L INSURANCE, INC. - S52337 - Request for change of business address  
To Florida Department of State - Division of Corporations - corpaddresschange@dos.state.fl.us,

This is a request for change of address for:

Business Name: C & L INSURANCE, INC.  
Document Number: S52337

This request for change of address was submitted to us by:

Representative Name: Linda Costolo  
Phone Number: 561 239-3279

The new business address(es) is/are:

**Principal Address**

2295 NW Corporate Blvd. - Suite 121  
Boca Raton FL 33431 US

**Mailing Address**

2295 NW Corporate Blvd. - Suite 121  
Boca Raton FL 33431 US

If you have any questions or concerns, feel free to contact our Support Team at support@floridaincorporator.com.

Best regards,

**Support Team**

Florida Incorporator™

Phone: 1-888-800-9573

Fax: 1-800-824-4954

Email: support@FloridaIncorporator.com

<http://www.FloridaIncorporator.com>

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