

F06000006043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

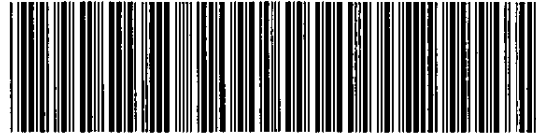
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*R.A. Charge*  
C.COULLETTE

NOV 03 2008

EXAMINER



**PARACORP**

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

NUMBER PAGES:

Date: October 27, 2008

AE: Sharon Cooke

TO: Florida Division of Corporations

REFERENCE: 456864

FAX:

PLEASE PERFORM THE FOLLOWING:

**VILLAGE ASSOCIATES INSURANCE  
AGENCY, INC.**

**Change of Registered Agent**

**IN FL**

SPECIAL INSTRUCTIONS: Please file on a routine and please return one plain copy.

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Sharon Cooke TO CONFIRM FILING RESULTS**

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)  
533-7272

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VILLAGE ASSOCIATES INSURANCE AGENCY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F000006043

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:

SHARON COOKE  
(Name of Contact Person)

PARACORP INCORPORATED  
(Firm/Company)

2804 GATEWAY OAKS DR #200  
(Address)

SACRAMENTO, CA 95816  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON COOKE at ( 888 ) 886-7166  
(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: VILLAGE ASSOCIATES INSURANCE AGENCY, INC.
2. The principal office address: 40 BEY LEA ROAD STE A201 TOMS RIVER, NJ 08753
3. The mailing address (if different): PO BOX 2100 TOMS RIVER, NJ 08754-2100
4. Date of incorporation/qualification: 9/20/2006 Document number: F06000006043
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

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

PARACORP INCORPORATED
236 EAST 6TH AVENUE
(P.O. Box NOT acceptable)
TALLAHASSEE FL 32303

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TALLAHASSEE, FLORIDA

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.

Graham Blundell
(Signature of an officer or director)

Graham Blundell, President
(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.

NINH HO, ASST SECRETARY
(Signature of Registered Agent)

10/27/2008
(Date)

If signing on behalf of an entity:

PARACORP INCORPORATED
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)