

F12000004514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

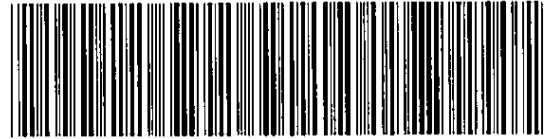
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2022 JAN 11 PM 8:37

RECEIVED
2022 JAN 11 AM 10:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Rajiv/ohg

JAN 12 2022
ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 01/10/2022

****WALK IN****

ENTITY NAME Choicemark insurance services, inc

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX _____

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$35

ACCOUNT #: 120160000072

S B JMO

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHOICEMARK INSURANCE SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F12000004514

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:

Harbor Compliance

Name of Contact Person

Firm/Company

1830 Colonial Village LN

Address

Lancaster, PA, 17601

City/State and Zip Code

corporate@harborcompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Connolly

Name of Contact Person

at (717) 431-9130

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CHOICEMARK INSURANCE SERVICES, INC.

2. The principal office address: 6800 W 115th Suite 2511, Overland Park, KS 66211

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/05/2012 Document number: F12000004514

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET, TALLAHASSEE, FL 32301-2525

REC-11 11:08:36

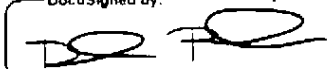
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.
7901 4th St N STE 300
St. Petersburg FL 33702

P.O. Box NOT acceptable

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.

DocuSigned by:


Signature of Registered Agent or director

Daniel Allen Boulware, Secretary

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 of Registered Agent

12/22/2021

Date

If signing on behalf of an entity:

Bill Havre

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