

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

F130000249

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000050123 3)))



H200000501233ABCN

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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
 Account Number : I2009000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

FILED
 2020 FEB 13 AM 10:10
 SECRETARY OF STATE
 TALLAHASSEE, FL

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
 ASSURANCE INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2020 FEB 13 AM 11:27

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

1. The name of the corporation: Assurance Inc
2. The principal office address: 300 WHISPER RIDGE DR.
ST AUGUSTINE, FL 32092
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/16/2013 Document number: F13000000249

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)

DISCOUNT REGISTERED AGENT
493 BOUNDARY BLVD
ROTONDA WEST, FL 33947

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2020 FEB 13 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FL

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
P.O. Box NOT acceptable
St. Petersburg FL 33702

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.

David Punnett Signature of an officer or director David Punnett, Chairman 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.

Bill Havre Signature of Registered Agent 2/13/20 Date

If signing on behalf of an entity:
Bill Havre
Typed or Printed Name

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

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H20000049636 3)))



H200000496363ABC7

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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**REGISTERED AGENT CHANGE
 TIBO MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2020 FEB 13 AM 8:09

SECRETARY OF STATE
 TALLAHASSEE, FL

2020 FEB 13 AM 10:10

FILED

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: Tibo Management, Inc.
2. The principal office address: ONE EAST BROWARD BLVD. SUITE #1010 FORT LAUDERDALE, FL 33301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/15/02 Document number: P02000088245
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)

MANELLA, ROSS HESQ.
ONE EAST BROWARD BLVD. SUITE #1010
FORT LAUDERDALE, FL 33301

2020 FEB 13 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FL

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

Northwest Registered Agent LLC
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.

Robin Thibeault
Signature of an officer or director

Robin Thibeault, 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.

Tom Glover
Signature of Registered Agent

2/12/2020
Date

If signing on behalf of an entity:

Tom Glover
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE