

PO0 000075422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

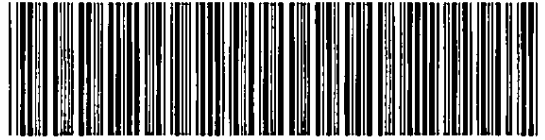
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600387896446

05/23/22--01034--013 **35.00

FILED
2022 MAY 23 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

tc

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA LAWYERS INSURANCE AGENCY
Name of Corporation _____

DOCUMENT NUMBER: _____

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:

CAROL COADY

Name of Contact Person

FLORIDA LAWYERS MUTUAL INSURANCE COMPANY

Firm/Company

541 E. MITCHELL HAMMOCK ROAD

Address

OVIEDO, FLORIDA 32765

City/State and Zip Code

CAROLC@FLMIC.COM

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

For further information concerning this matter, please call:

CAROL COADY _____ at (407) 436-4211
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARY F. JONES, hereby resign as EXECUTIVE VICE PRESIDENT
(Title)

of FLORIDA LAWYERS INSURANCE AGENCY
(Name of Corporation)

P00000075422, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

/s/ Mary F. Jones

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 23 PM 1:59

FILED