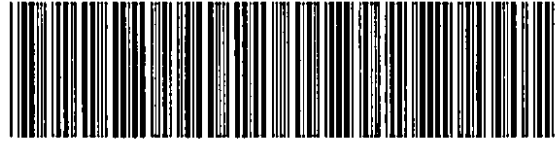


P18000035571



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE &  
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AUG 02 2018  
J. MCNEIL

COVER LETTER

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DIVISION OF CORPORATIONS

2010 JUL 27 PM 4:03

TO: Amendment Section  
Division of Corporations

SUBJECT: SafeGuard Insurance Market, Inc.  
Name of Corporation

DOCUMENT NUMBER: P18000035571

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:

Fanette Stewart  
Name of Contact Person

SafeGuard Insurance Market, Inc.  
Firm/Company

1401 N. University Drive #500  
Address

Coral Springs, FL 33071  
City/State and Zip Code

Licensing@safeguardinsurancemarket.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fanette Stewart at (888) 723 5407  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SafeGuard Insurance Market, Inc.  
2. The principal office address: 1401 N University Drive #500 Coral Springs, FL 33071

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/16/2018 Document number: P18000035571

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)

Renata Llanes  
1401 N University Drive #403  
Coral Springs, FL 33071

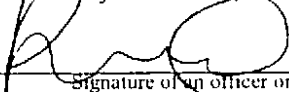
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2018 JUL 27 PM 10:00

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

1401 N University Drive #500  
P.O. Box NOT acceptable  
Coral Springs, FL 33071

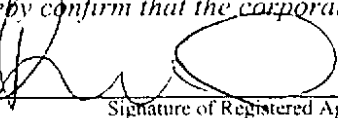
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

Renata Llanes  
\_\_\_\_\_  
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

07/24/2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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