Electronic Signature of Signing Officer/Director Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL J. ADOVASIO

PRESIDENT/TREASURER 02/12/2024

DOCUMENT# P03000122456

Entity Name: DAN ADOVASIO INSURANCE AGENCY, INC.

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

7350 SHOPPES DRIVE SUITE 101 VIERA, FL 32940

Current Mailing Address:

7350 SHOPPES DRIVE SUITE 101 VIERA, FL 32940

FEI Number: 20-0320442

Name and Address of Current Registered Agent:

ADOVASIO, DANIEL J 7350 SHOPPES DRIVE SUITE 101 VIERA, FL 32940 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	ADOVASIO, DANIEL J	Name	ADOVASIO, KATHRYN J
Address	7350 SHOPPES DRIVE SUITE 101	Address	7350 SHOPPES DRIVE SUITE 101
City-State-Zip:	VIERA FL 32940	City-State-Zip:	VIERA FL 32940
Title	TREASURER	Title	SECRETARY
Name	ADOVASIO, DANIEL J	Name	ADOVASIO, KATHRYN J
Address	7350 SHOPPES DRIVE SUITE 101	Address	7350 SHOPPES DRIVE SUITE 101
City-State-Zip:	VIERA FL 32940	City-State-Zip:	VIERA FL 32940

Certificate of Status Desired: No

FILED Feb 12, 2024 Secretary of State 6399053122CC

Date

Date