2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2017
Secretary of State
CC3940968854

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Entity Name: INSURANCE ONE, INC.

Current Principal Place of Business:

6806 THOMASVILLE ROAD
SUITE 5
TALLAHASSEE, FL 32312

Current Mailing Address:

6806 THOMASVILLE ROAD
SUITE 5
TALLAHASSEE, FL 32312 US

FEI Number: 80-0437374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAXWELL, STACEY M
6806 THOMASVILLE ROAD
SUITE 5
TALLAHASSEE, FL 32312 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 — Date

Officer/Director Detail :

Title	PD
Name	MAXWELL, STACEY
Address	6806 THOMASVILLE ROAD SUITE 5
City-State-Zip:	TALLAHASSEE FL 32312

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: STACEY MAXWELL PD 02/07/2017

Electronic Signature of Signing Officer/Director Detail — Date