

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P22000035977

**Entity Name:** SELECT & PROTECT INSURANCE NETWORK, INC.

**Current Principal Place of Business:**

2598 EAST SUNRISE BOULEVARD  
SUITE 2104  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

2598 EAST SUNRISE BOULEVARD  
SUITE 2104  
FORT LAUDERDALE, FL 33304

**FEI Number:** 88-2316744

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HANDERHAN, PAUL  
1180 NORTH FEDERAL HWY  
1409  
FORT LAUDERDALE, FL 33304 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 P  
Name HANDERHAN, PAUL  
Address 1180 NORTH FEDERAL HWY, UNIT  
1409  
City-State-Zip: FORT LAUDERDALE FL 33304

Title CFO  
Name CASSEL, MICHAEL  
Address 2598 EAST SUNRISE BOULEVARD,  
SUITE 2104  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** PAUL HANDERHAN

**PRESIDENT**

**05/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date