# 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. 03/04/2016

PRESIDENT

SIGNATURE: RUPERT BROWN

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# P99000023608

#### Entity Name: RUPERT H. BROWN INSURANCE AGENCY, INC.

#### **Current Principal Place of Business:**

2874 NORTH ST RD 7 LAUDERDALE LAKES, FL 33313

## **Current Mailing Address:**

2874 NORTH ST RD 7 LAUDERDALE LAKES. FL 33313

## FEI Number: 65-0909869

## Name and Address of Current Registered Agent:

BROWN, RUPERT H 2874 N STATE RD 7 LAUDERDALE LAKES, FL 33313 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	Р	Title	VP
Name	BROWN, RUPERT H	Name	BROWN, SYLVIA S
Address	2874 N STATE RD 7	Address	2874 N STATE RD 7
City-State-Zip:	LAUDERDALE LAKES FL 33313	City-State-Zip:	LAUDERDALE LAKES FL 33313

# FILED Mar 04, 2016 Secretary of State CC9188231056

Certificate of Status Desired: No

Date

Date