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: ROBERT TURNER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F1000000815

Entity Name: TURNER & ASSOCIATES INSURANCE, INC.

Current Principal Place of Business:

ONE SAINT ANDREWS COURT SUITE 101 BRUNSWICK, GA 31520

Current Mailing Address:

PO BOX 40 BRUNSWICK, GA 31521 US

FEI Number: 65-1187320

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC. 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907 US

SIGNATURE: ROBERT C TURNER

Certificate of Status Desired: No

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.

	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Р	Title	V		
Name	TURNER, ROBERT C	Name	TURNER, MARY F		
Address	108 JULIENTON ISLAND DRIVE	Address	108 JULIENTON ISLAND DRIVE		
City-State-Zip:	BRUNSWICK GA 31520	City-State-Zip:	BRUNSWICK GA 31520		
Title	ST				
Name	CREWS, CHERYL A				
Address	9251 BROWNTOWN ROAD				
City-State-Zip:	WAYNESVILLE GA 31566				

PRESIDENT

04/19/2022

04/19/2022

FILED Apr 19, 2022 Secretary of State 4176604161CR

Date