

190383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

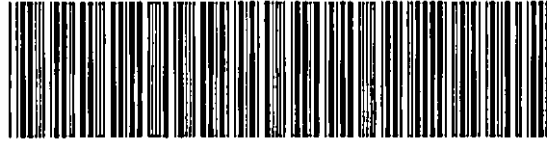
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700390857937

FILED 14 JUL 14 2022

CLERK OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 14 PM 6:22

FILED

OCT 12 2022

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INSURANCE SERVICING & ADJUSTING COMPANY
(Name of Corporation)

DOCUMENT NUMBER: 190383

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAVANNAH SCHMIDT

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO CA 95833

(City/State and Zip Code)

For further information concerning this matter, please call:

SAVANNAH SCHMIDT at (800) 533.7272
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, PARACORP INCORPORATED

(Name of Registered Agent)

hereby resigns as Registered Agent for INSURANCE SERVICING & ADJUSTING COMPANY

(Name of Corporation)

190383

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

JOSE GOMEZ

(Typed or Printed Name)

ASST. SECRETARY FOR PARACORP INCORPORATED

(Capacity)

FILED
2022 JUL 14 PM 6:22
TALLAHASSEE, FLORIDA
DEPT. OF STATE

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314