

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address;

REGISTERED AGENT CHANGE BROWN & BROWN OF GARDEN CITY, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO: Amendu Division	nent Section of Corporations	
SUBJECT:	Brown & Brown of Garde	n City, Inc.
SOBJECT	Name of Corp	oration
DOCUMENT N	UMBER: 314	1920
The enclosed Sta	tement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Name of Contac	t Person
	Firm/Compa	any
		•
	Address	
:		
·,	City/State and Zi	•
•	E-mail address: (to be used for future	e annual report notification)
For further inform	ation concerning this matter, please call:	
Naz	ne of Contact Person at	Area Code & Daytime Telephone Number
Bnclosed is a \$35.0	00 check made payable to the Department	of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
	1 and 43566, TL 34314	Tallahassee, FL 32301

03/50/5015 03:20 8626336035

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized in order to change its registered office or registered	d under the laws of the State of <mark>Florida</mark> d agent, or both, in the State of Florida.
1. The name of the corporation; Bn	
2. The principal office address: 595 STEWART AVENUE GARDEN CITY NY 11530	<u> </u>
3. The mailing address (if different): 595 STEWART AVENUE GARDEN CITY NY 11530	
4. Date of incorporation/qualification: 3/17/1967	Document number: 314920
 The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned) 	t and registered office on file with the
CORPORATION SERVICE COMPANY	MAR MAR
1201 HAYS STREET TALLAHASSEE FL 32	
	20 PM
 The name and street address of the new registered agent (if (if changed); 	***
C T Corporation System	
c/o C T Corporation System, 1200 South Pine	Island Road
P.O. Box NOT acco	
Plantation, Florida 33324	<u> </u>
The street address of its registered office and the street address changed will be identical.	
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notific	is board of directors of by an officer so d in writing of the change.
Marks Holas	Shariin Aldao, Vice President
Signature of an Ollicer or directors	Printed of typed name and little
hereby accept the appointment as registered agent and agfurther agree to comply with the provisions of all statutes if my duties, and I am familiar with and accept the objigation occurrent is being filed merely to reflect a change in the regorporation has been notified in writing of this change.	ree to act in this capacity. relative to the proper and complete performance on of my position as registered agent. Or, if this istered office address, I hereby confirm that the
C T Carporation System	03/09/2012
Signature of the second Agent	Date
signing on behalf of an entity:	
Kristin Bolden	
Assistant Secretary	e de la companya de
* * * FILING FEE: \$	35.00 * * *
Make Checks Payable to Florida Mail to: Division of Corporations, P.O. Bo 22E045 (8/05)	Department of State DX 6327, Tallahassee, FL 32314

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