## 597315

(Req	uestor's Name)	
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(City	/State/Zip/Phone	∌#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Consist to Association and F	The state of the s	
Special Instructions to F	iling Oπicer.	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

R.A.

B JUN - 2 2010

## **COVER LETTER**

	nt Section	
SUBJECT:	Smith & Thomas Insurance, Inc Name of Corp	poration
DOCUMENT NI	JMBER: 597315	
	ement of Change of Registered Office/A	gent and fee are submitted for filing
	orrespondence concerning this matter to	
	mooponation to not many and matter to	me foliating.
	William C. Thomas, Jr.	
	Name of Contact	ct Person
	Smith 0 Thomas Incomes	T.,
	Smith & Thomas Insurance Firm/Comp	·
	·	·
	PO Box 3544	
	Address	5
	Lakeland, FL 33802	
	City/State and 2	Zip Code
	hill+homoo040ushas	
-	billthomas21@yahoo.com E-mail address: (to be used for futu	re annual report notification)
	•	•
For further information	ation concerning this matter, please call	:
William C.	Thomas, Jr.	at ( <u>863</u> ) 688-1141 Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Departme	in of side,
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circlé

Tallahassee, FL 32301

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

Pursuant to the provisions of section statement of change is submitted for in order to change its regis	a corporation organize	d under the laws of th	e State of Fl	orida	·	
The name of the corporation:	Smith & Thomas	Insurance, Inc	·			
2. The principal office address:	100 S Kentucky	Ave				
	Lakeland, FL	33801				
3. The mailing address (if different)	PO Box 3544					
	Lakeland, FL	33802				
4. Date of incorporation/qualificatio	n: 12/07/1978	Document number	<u> 597315</u>			
5. The name and street address of the Florida Department of State: (If re		nt and registered offic	e on file with t	he		
Resigned	i	4490-2-11-1-1				
WiM Thom	nas			No.	<b>E</b>	
<del></del>			<del> </del>	LLA ECX	1 - MTF 8182	
				HAS	芝	 سما
6. The name and street address of th (if changed):	e new registered agent (	if changed) and /or re	gistered office	RY OF S	PH	[
William	C Thomas			LORIO	Ü	٧.,
100 S Ke	entucky Ave, #290	)		ē,	ა 8	
Lakeland	P.O. Box NOT a 1, FL 33801	cceptable				
The street address of its registered as changed will be identical.	office and the street ad	dress of the business	office of its re	egistered	i agent,	
Such change was authorized by reauthorized by the board, or the for	solution duly adopted be poration has been notif	y its board of directoried in writing of the	ors or by an of change.	ficer so		
Sett Hole	) <del>                                     </del>	William C Th		S		
I hereby accept the appointment as I further agree to comply with the of my duties, and I am familiar will document is being filed merely to reorporation has been notified in w	s registered agent and provisions of all statut h and accept the oblig reflect a change in the i	agree to act in this co as relative to the prop ation of my position of egistered office addr	õer and compl as registered a	ete perfo igent. O confirm	ormance r, if this that the	3 5
Signature of Registered Agen	at .	5/27/10	Date			
If signing on behalf of an entity:	··					

\* \* \* FILING FEE: \$35.00 \* \* \*