

648467

(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

Gave OK to

Correct-

sf



200133805382

08/04/08--01019--009 **35.00

FILED
08 AUG -4 PM 3:58
TALLAHASSEE, FLORIDA

RO chg.

sf 8/8

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marshall Howard Insurance Agency Incorporated (59-1960914)
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

T. Marshall Howard
(Name of Contact Person)

Marshall Howard Insurance Agency Incorporated
(Firm/Company)

556 Overlook Dr.
2560 RGA Blvd.
(Address)

Palm Beach Gardens, FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

T. Marshall Howard at (561) 622-3759 561-308-8165 (cell)
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 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
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Marshall Howard Insurance Agency, Inc. (59-1960914)
2. The principal office address: 2560 RCA Blvd. 556 Overlook DR.
Palm Beach Gardens, FL 33410 North Palm Beach, FL 33408
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/17/1979 Document number: _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

T. Marshall Howard;

Marshall Howard Insurance Agency Incorporated; 2560 RCA Blvd.; Palm Beach Gardens, FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

556 Overlook Drive

North Palm Beach, FL 33408

(P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

J. Marshall Howard
(Signature of an officer or director)

T. MARSHALL HOWARD - PRES.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

J. Marshall Howard
(Signature of Registered Agent)

07/31/2008
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)