Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H24000207133 3)))



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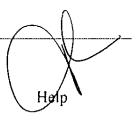
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## REGISTERED AGENT CHANGE EL DORADO INSURANCE AGENCY, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	provisions of sections 607.0502, 617.050, inge is submitted for a corporation organi rr to change its registered office or registe.	• • • • • • • • • • • • • • • • • • • •	
i. The name of	the corporation: EL DORADO INSURA	ANCE AGENCY, INC.	
	office address: 3673 WESTCENTER	DRIVE	
<u></u>	***************************************		
_	iddress (if different):	E1000002542	
•	poration/qualification:	Document number: <u>F10000003542</u>	
	I street address of the current registered ag trment of State: (If resigned, enter resigned		
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	
	Corporate Creations Network Inc	50	
	801 US Highway 1		
P.O. Box NOT acceptable			
	North Palm Beach FL 33408		
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so fied in writing of the change.	
Kim Signatu	toksm re of an officer or director	Kim Stokem Attorney - in - Fact Printed or typed name and title	
' further agrée i )f my duties, an locument is bei	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete performance tation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Kim Si	tokem	06/13/2024	
Sig	nature of Registered Agent	Date	
f signing on be	half of an entity:		
Kim Stokem	, Special Secretary		
T	yped or Printed Name		
	* * * FILING FFI	7+ \$3\$ 00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)