

F/30000001204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

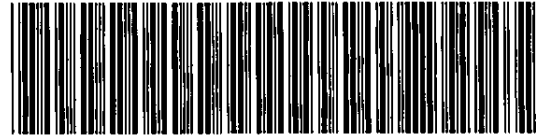
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900260749809

RA address
change

06/02/14--01021--018 **35.00

FILED
2014 JUN -2 PM12:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DR
6/13/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VALUE RATE Insurance Agency Inc
Name of Corporation

DOCUMENT NUMBER: FL3000001204

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:

Mack Chambers
Name of Contact Person

VALUE RATE Insurance Agency Inc
Firm/Company

6176 GUNN Hwy
Address

Tampa, FL 33625
City/State and Zip Code

MackChambers@VALUERATE.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mack Chambers at (813) 284-5990
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VALUE RATE INSURANCE Agency INC
2. The principal office address: 6176 GUNN HWY
Tampa, FL 33694
3. The mailing address (if different): PO Box 340365
Tampa, FL 33694
4. Date of incorporation/qualification: 3-18-2013 Document number: FL 3000001204
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Mack Chambers
13751 N. NEBRASKA AVE
Tampa, FL 33613

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

6176 GUNN HWY
Tampa FL 33625

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.



Signature of an officer or director

Mack Chambers president

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.

Mack Chambers

Signature of Registered Agent

5-30-2014

Date

If signing on behalf of an entity:

Mack Chambers

Typed or Printed Name

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

FILED
2014 JUN - 2 PM 12:55

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA