

F14000000942

CORPORATE
CTIVE

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

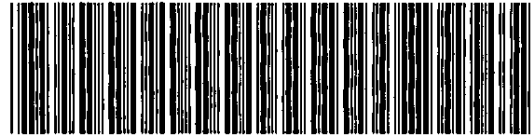
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA
Change

05/14/14--01024--018 **25.00

04/15/14--01016--013 **10.00

FILED
2014 MAY 14 PM 3:13
TALLAHASSEE, FLORIDA

DR
5/15/14

*Bay State Corporate Services, Inc.
Six Beacon Street, Ste. 510
Boston, MA 02108
617-742-8484 phone*

April 10, 2014

Ref Number:109713

Subject Name(s): PMC Insurance Agency, Inc.

Enclosed you will find a Statement of Change of Registered Office or Registered Agent
or Both for Corporations to be filed with the Florida Secretary of State

Please record/file upon receipt on a routine basis.

A check in the amount of \$10.00 is enclosed.

~~100253057291~~
~~04/15/14 01015 013 **10.00~~

If there are any problems, please hold the filing and call our office immediately. Please
feel free to call collect at (617) 742-8484.

Thank you in advance for your assistance

Thomas Pasquale

X

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PMC Insurance Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: F14000000942

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:

Thomas Pasquale

Name of Contact Person

Bay State Corporate Services, Inc.

Firm/Company

6 Beacon Street, Suite 510

Address

Boston, MA 02108

City/State and Zip Code

KARENC@PMCINSURANCE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Pasquale

617

742-8484

at ()

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

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2014

Thomas Pasquale
Bay State Corporate Services, Inc.
6 Beacon Street, Suite 510
Boston, MA 02108

SUBJECT: PMC INSURANCE AGENCY, INC.
Ref. Number: F14000000942

We have received your document for PMC INSURANCE AGENCY, INC. and check(s) totaling \$10.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 814A00008641

RECEIVED
14 MAY 13 PM 3:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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 Massachusetts in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PMC Insurance Agency, Inc.
2. The principal office address: 209 Burlington Road, Suite #109, Bedford, MA 01730
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/28/2014 Document number: F14000000942
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)

Registered Agent Solutions, Inc.

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

David Malloy, Treasurer

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.

NRAI Services, Inc.
By: 
Signature of Registered Agent

4-10-14
Date

If signing on behalf of an entity:

William L. DeNapoli

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 (03/12)