

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000374056 3)))



H210003740563ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

То:	
Division of Co	rporations
Fax Number	: (850)617-6380
From:	
Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.
Account Number	: 110432003053
Phone	: (561)694-8107
Fax Number	: (561)214-8442
	this business entity to be used for future
annual report mailings.	Enter only one email address please.**

Email Address: REGISTERED AGENT CHANGE PROPERTYPLUS INSURANCE AGENCY, INC.		SECULIARIAS
Certificate of Status	0	
Certified Copy	0	
Page Count	02	1 1
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu

Help

D CUSHING



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

1.	The name of the corporation is: Propertyplus Insurance Agency, Inc.
2.	The principal office address: 1 ASI WAY N
	ST. PETERSBURG FL 33702
3.	The mailing address (if different): <u>1 ASI WAY N</u> ST. PETERSBURG FL 33702
4.	Date of incorporation/qualification: 8/25/2015 Document Number: F15000003794
	The name and street address of the current registered agent and registered office on file with the Florida Department of State:
	CORPORATE CREATIONS NETWORK INC.
	801 US HIGHWAY 1
6.	NORTH PALM BEACH FL 33408 The name and street address of the new registered agent (if changed) and /or registered offices (if changed):
	Chief Financial Officer
	200 East Gaines Street
	(P.O. Box Not acceptable) Tallahassee FL 32399
	he street address of its registered office and the street address of the business office of its registered gent, as changed will be identical.
	uch change was authorized by resolution duly adopted by its board of directors or by an officer scatter in the corporation has been notified in writing of the change.
	میں البی البی المعال
	(Signature of an officer or director) (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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

Corporate Creations International 801 US Highway 1 North Palm Beach FL 33408 (561) 694-8107