## F17000000 953

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Chipsette 2 ph Hone II)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



700298054997

04/20/17--01008--009 \*\*35.00



APR 2 6 2017

T. LEMIEUX



## **COVER LETTER**

Division of Corporations	
SUBJECT: Crocker, White, and Frishbe	
	ne of Corporation
<b>DOCUMENT NUMBER:</b> F170000000953	
The enclosed Affidavit by Foreign Corporation submitted for filing.	to Change/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning this	matter to the following:
Keston White-Marin Name of Contact Person	
Crocker, White, and Frishberg Insurance Ag	ency, Inc.
3897 Coral Tree Circle	<del></del>
Coconut Creek, FL 33073 City/State and Zip Code	
k.white.marin@gmail.com  E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, p	lease call:
Keston White-Marin Name of Contact Person at (	305 458-8170 Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida I	\$43.75 Filing Fee & Certified Copy (Additional copy is
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



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

	(Note: Applicable only du	ring the first calendar year of qualification)	
1.	The name of the foreign corporation as i Crocker, White, And Frishbe	t appears on the records of the Florida Department of State is: erg Insurance Agency, Inc.	
2.	This entity was authorized to transact bunnember is F17000000953	siness in Florida on 02/27/2017 and its Florida documen	
3.	This corporation was formed under the laws of Texas		
4.	The name and address of each officer and/or director is as follows:		
Title: President		Name and Address  Keston White-Marin	
		3897 Coral Tree Circle	
VP/Secretary		Coconut Creek, FL 33073	
		John Crocker	
	2623 Rio De Janeiro Avenue		
		Cooper City, FL 33026	
		in the second se	
	(Attach addi	tional pages if necessary)	
*		President 200	
natu	re of an officer or director	Title of person signing	
STO ad or	printed name of person signing	FILING FEE S35	
	M I	ake checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314	