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Division of Corporations

Fax Number : (850)617-6380

:

Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397

Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dswinney@bbgcps.com

REGISTERED AGENT CHANGE BROWN, BROWN & GOMBERG, LTD. CORPORATION

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C. BRUMBLEY

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COVER LETTER

(((H22000024802 3)))

TO: Amendment Section Division of Corporations

SUBJECT: BROWN, BROWN & GOMBERG, LTD. CORPORATION Name of Corporation DOCUMENT NUMBER: F17000003404 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: Denise Swinney Name of Contact Person BROWN, BROWN & GOMBERG, LTD. CORPORATION Firm/Company 5750 OLD ORCHARD ROAD, SUITE 350 Address SKOKIE, IL 60077 City/State and Zip Code dswinney@bbgcps.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kathy Clark Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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$(((\mbox{H22000024802\ 3})))$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nange is submitted for a corporation organized under the laws of the State of TL. der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation; BROWN, BROWN & GOMBERG, LTD. CORPORATION	
	al office address: 5750 OLD ORCHARD ROAD, SUITE 350, SKOKIE, IL 60077	
3. The mailing	address (if different):	
4. Date of inco	rporation/qualification: 07/27/2017 Document number: F17000003404	
	nd street address of the current registered agent and registered office on file with the artificent of State; (If resigned, enter resigned)	
·	ALTMAN & ASSOCIATES, P.A.	
	4869 KENSINGTON CIRCLE CORAL SPRINGS, FL 33076	
	CORAL SPRINGS, FL 33076	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	ו
	3458 bakeshore Drive	
	P.O. Box NOT acceptable	
	Tallahassee, FL 32312	
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
(anno-	Lawrence of typed name and title	
i juriner agree of my duties, ar dooument is be	t the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and occept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered affice address, I hereby confirm that the is been notified in writing of this change.	
Kathy	10 WK January 19, 2022	
if signing on be	ehalf of an entity:	
Kaihy Clark, Ass	sistant Secretary	
Ť	ypod 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 (04/13)

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