

F1700000 3615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

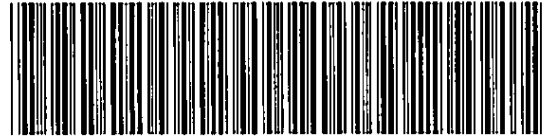
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN -7 P 3 59

FILED

JUN 08 2018

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Our Pride Insurance Agency Company, Inc
Name of Corporation

DOCUMENT NUMBER: F17000003615

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:

Michael Hicks
Name of Contact Person

Our Pride Insurance Agency Company
Firm/Company

3001 N Rocky Point Dr. E. Ste. 200
Address

Tempe, FL 33607
City/State and Zip Code

mhicks@c4bg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hicks at (813) 448-1500
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 TX in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Our Pride Insurance Agency Company
2. The principal office address: 1409 Rust Road # 403
Round Rock, TX 78665
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/9/17 Document number: FI 700000365

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)

5322 Primrose Lake Cir. Suite C
Tampa FL 33647

old

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

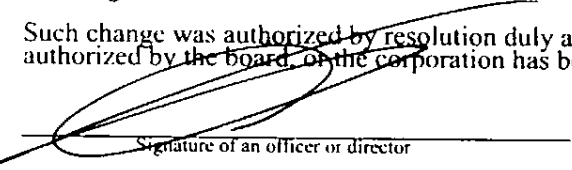
3001 N. Rocky Point Dr. E. Ste. 200
Tampa, FL 33607

new

P.O. Box NOT acceptable

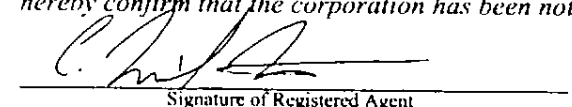
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Charles A. Inzel
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 competent 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

6/4/18
Date

If signing on behalf of an entity:

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)