

F17000004389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

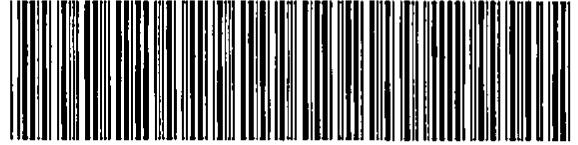
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 SEP 19 AM 11:48

SEP 17 2018
CIVILIAN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insure Cloud, Inc.

Name of Corporation

DOCUMENT NUMBER: F17000004389

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:

James Harley

Name of Contact Person

Insure Cloud, Inc.

Firm/Company

8400 NW 36 ST, Ste. 450

Address

Miami, FL 33166

City/State and Zip Code

James@Insure-Cloud.com

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

For further information concerning this matter, please call:

James Harley

Name of Contact Person

at (305) 778 5711

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

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STAMPED

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

1. The name of the corporation: Insure Cloud, Inc.
2. The principal office address: 8400 NW 36 ST, Ste 450
Miami, FL 33166
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/29/2017 Document number: F17000004389

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)

James Harley
900 Biscayne Blvd, Apt 3610
Miami, FL 33132

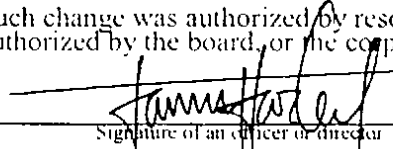
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James Harley
8400 NW 36 ST, Ste. 450
Miami, FL 33166

P.O. Box NOT acceptable

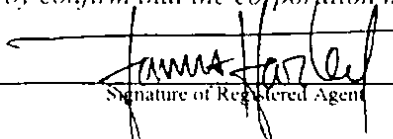
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

James Harley - President
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

09/05/2018
Date

If signing on behalf of an entity:

James Harley
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)

2018 SEP 10 AM 11:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA