

F84128

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Walter T Kunkel Insurance Agency, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F84128

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:

**Keith Kunkel**

Name of Contact Person

**Walter T Kunkel Insurance Agency, Inc**

Firm/Company

**8900 SW 117 Ave suite B208**

Address

**Miami, FL 33186**

City/State and Zip Code

**keith@kkunkelinsurance.com**

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

For further information concerning this matter, please call:

**Keith Kunkel**

Name of Contact Person

at ( **305** ) **667-6770**

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

