F84128

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations Walter T Kunkel Insurance Agency, Inc. Name of Corporation 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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida. | |
|--|------|
| 1. The name of the corporation: Walter T Kunkel Insurance Agency, Inc 2. The principal office address: 8900 SW 117 Ave suite B208 Miami, FL 33186 | |
| 3. The mailing address (if different): Same | |
| 4. Date of incorporation/qualification: 06/07/1982 Document number: F84128 | |
| 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) | |
| Walter Kunkel | |
| 7800 Red Road suite 304 | |
| Miami, FL 33143 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | •••• |
| Walter Kunkel | |
| 8900 SW 117 Ave suite B208 | · : |
| P.O. Box NOT acceptable Miami, FL 33186 | ν |
| | |
| 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. | |
| Walter Kunkel | |
| Signature of an object of firector 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. | |
| 102/2016 07/01/2016 | |
| Signature of Registered Agent Date | |
| If signing on behalf of an entity: | |
| Typed or Printed Name | |
| * * * FILING FEE: \$35.00 * * * | |