

H20522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

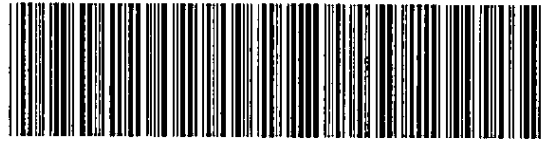
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/07/19--01022--018 **35.00

S TALLENT

MAY 31 2019

2019 MAY 30 PM 5:00
SECRETARY OF STATE
TALLER, PASSE, FL

FILED

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

DIANE BALLY
PROFESSIONAL CASUALTY CORP.
8211 W. BROWARD BLVD. #400
PLANTATION, FL 33324

SUBJECT: PROFESSIONAL CASUALTY CORP.
Ref. Number: H20522

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT MUST BE SIGNED BY THE CHAIRMAN, ANY VICE CHAIRMAN OF THE BOARD OF DIRECTORS, ITS PRESIDENT, OR ANOTHER OF ITS OFFICERS.

THE TITLE OWNER IS NOT AN ACCEPTABLE TITLE.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 319A00010204

Rec 5/30/19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL CASUALTY CORP.
Name of Corporation

DOCUMENT NUMBER: H20522

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:

DIANE BALLY
Name of Contact Person

PROFESSIONAL CASUALTY CORP.
Firm/Company

8311 W. BROWARD BLVD. #400
Address

PLANTATION FL 33324
City/State and Zip Code

DBALLY@LDSHARE.COM V
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE BALLY at (954) 473-5011
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROFESSIONAL CASUALTY CORP.
2. The principal office address: (OLD) 1200 S. PINE ISLAND ROAD #400
PLANTATION FL 33324
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/12/1984 Document number: H20520
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)

LAWRENCE D. SHARE

1200 S. PINE ISLAND RD. #400

PLANTATION FL 33324

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

LAWRENCE D. SHARE

8211 W. BROWARD BLVD. #400

P.O. Box NOT acceptable

PLANTATION FL 33324

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.

Amy Share Brennan
Signature of an officer or director

AMY SHARE BRENNAN 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.

Lawrence D. Share
Signature of Registered Agent

MAY 28/2019
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)

FILED
2019 MAY 30 PM 5:00
STATE DEPT OF STATE
TALLAHASSEE, FL