

1471091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

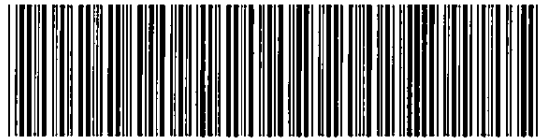
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200427022152

04/10/24--01013--003 **35.00

OFFICE OF STATE
TREASURER
FLORIDA

APR 10 AM 6:42

LED

R. HUNT
04/10/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA INSURANCE SERVICES, IMC

Name of Corporation

DOCUMENT NUMBER: H71091

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:

MARY TERESA COLVIN

Name of Contact Person

FLORIDA INSURANCE SERVICES, INC

Firm/Company

2300 3RD CT

Address

VERO BEACH, FL 32960

City/State and Zip Code

TCOLVIN@SENIOR-LIFESERVICES.COM

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

For further information concerning this matter, please call:

MARY T COLVIN

Name of Contact Person

at (772) 473-4955

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SEP 10 AM 6:42
STATE
TALLAHASSEE, FL

**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: FLORIDA INSURANCE SERVICES, INC.
2. The principal office address: 2300 3RD CT, VERO BEACH, FL 32960
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/13/1985 Document number: H71091
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)

ADDRESS CHANGE ONLY

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

OFFUTT BARTON SCHLITT, LLC

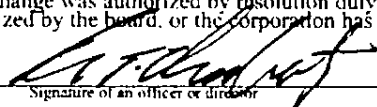
570 BEACHLAND BLVD

P.O. Box NOT acceptable

VERO BEACH, FL 32963

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

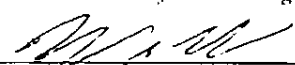
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

RORY F DOUGHERTY, 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

3/5/24
Date

If signing on behalf of an entity:

William Schlitt

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 (04/13)

FILED
MAR 10 10 AM 6:42
TALLAHASSEE, FL
DIVISION OF STATE