

532780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

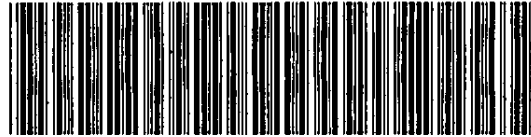
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLENT
APR 05 2018

FILED
18 APR -4 AM 7:57

RIA-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2018

PAUL REIMER
REGENCY INSURANCE BROKERAGE SERVICES, IN
217 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33008

SUBJECT: REGENCY INSURANCE BROKERAGE SERVICES, INC.
Ref. Number: J32780

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 current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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: 618A00006003

RECEIVED
19 APR - 4 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Regency Insurance Brokerage, Inc
Name of Corporation

DOCUMENT NUMBER: 532780

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:

Paul Riemer
Name of Contact Person

Regency Insurance Brokerage
Firm/Company

217 E Hallandale Beach Blvd
Address

Hallandale FL 33009
City/State and Zip Code

Mr. Riemer @ riemerinsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Riemer at (754) 202-0882
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: Legacy Insurance Protection, Inc.
2. The principal office address: 217 E Hallandale Beach Blvd
Hallandale, FL 33008
3. The mailing address (if different): P.O. Box 190
Hallandale, FL 33008
4. Date of incorporation/qualification: 9/10/1986 Document number: J32780
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)

Stephen L. Reeves
217 E Hallandale Beach Blvd
Hallandale, FL 33009

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

Paul Reeves
20155 NC 38ct Apt 3104
Doonburg, FL 33110

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.

Paul Reeves
Signature of an officer or director

Paul Reeves 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.

Paul Reeves
Signature of Registered Agent

April 2, 2018
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

FILED

18 APR - 11 AM 7:57