

J68150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

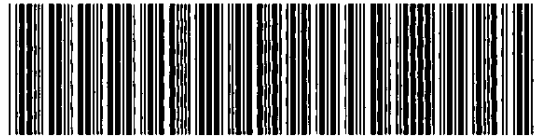
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAR 15 AM 8:39

FILED

Roberts MAR 16 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2010

KEITH ROSSELL  
CARLOCK & ASSOCIATES INC  
621 CAPE CORAL PKWY E STE 3  
CAPE CORAL, FL 33904

SUBJECT: CARLOCK & ASSOCIATES INSURANCE, INC.  
Ref. Number: J68150

We have received your document for CARLOCK & ASSOCIATES INSURANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate the exact name of your corporation in #1. We show the name as CARLOCK & ASSOCIATES INSURANCE, INC.

The document must have original signatures.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 010A00005550

RECEIVED  
2010 MAR 15 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARLOCK & ASSOCIATES INC  
Name of Corporation

**DOCUMENT NUMBER:** J68150

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 ROSSELL  
Name of Contact Person

CARLOCK & ASSOCIATES INC  
Firm/Company

621 CAPE CORAL PKWY E STE 3  
Address

CAPE CORAL, FL 33904  
City/State and Zip Code

keith@carlockinsurance.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH ROSSELL at ( 239 ) 549-0221  
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: CARLOCK & ASSOCIATES INSURANCE, INC.
2. The principal office address: 621 CAPE CORAL PKWY E STE 3, CAPE CORAL, FL 33904
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/30/1987 Document number: J68150

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)

KEITH ROSSELL  
4640 SE 9TH PL  
CAPE CORAL, FL 33904

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

621 CAPE CORAL PKWY E STE 3  
CAPE CORAL, FL 33904

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.

Keith E. Rosell  
Signature of an officer or director

KEITH E. ROSSELL  
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.

Keith E. Rosell  
Signature of Registered Agent

2-26-10  
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