K76120

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 MAY -2 PH 2: 35

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C. BRUMBLEY

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Sandy Wasson & Associates Insurance, Inc.	
Name of Corporation	
DOCUMENT NUMBER: K76120	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Daye Beamson	
Name of Contact Person	 _
Firm/Company	
PO Box 130	
Address	
Cedar City, UT 84721-0135	
City/State and Zip Code	
daye-bearnson@leavitt.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Katie Bearnson	at (435)865-3825 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, reduction	2713 14. Montoe Street, Saite 010

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a co	7.0502, 617.0502, 607.1508, or 617.1508, Florida Strporation organized under the laws of the State of $\frac{F}{2}$ office or registered agent, or both, in the State of Fl	lorida	·
1. The name of	the corporation: Sandy W	asson & Associates Insurance, Inc.		
		cher Rd., Pinellas Park, FL 33782	-	
3. The mailing a	ddress (if different): PO	30x 130, Cedar City, UT 84721-0135		
4. Date of incorp	4. Date of incorporation/qualification: 03/22/1989 Document number: K76120			
5. The name and		ent registered agent and registered office on file with	n the	
	Charles, L. Wasson, III			
	9067 Belcher Rd.		•	2022
	Pinellas Park, FL 33782			2022 MAY
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):			ce -73 23.5 3.7	-2 PH
	Corporation Service Com	pany		? 3
	1201 Hays Street		· ==	35
		P.O. Box NOT acceptable		
	Tallahassee, FL 32301			
The street address changed will	ss of its registered office be identical.	and the street address of the business office of its	registered	agent,
Such change wa authorized by the	s authorized by resolution board, or the corporati	on duly adopted by its board of directors or by an o on has been notified in writing of the change.	fficer so	
-Miller VI	e of an office of director	Mark G. Kenney		
I hereby accept I further agree to of my duties, an document is bei	/ the appointment as regis	Printed or typed name and title tered agent and agree to act in this capacity, ions of all statutes relative to the proper and compaceept the obligation of my position as registered a change in the registered office address, I hereby of this change.		rmance if this hat the
Lynn M	Cannel Longo	04/11/2022		
Sign	ature of Registered Ages	Date		
If signing on be	nalf of an entity:			
	neLongo, AVP			
Ty	ped 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)