

L32967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

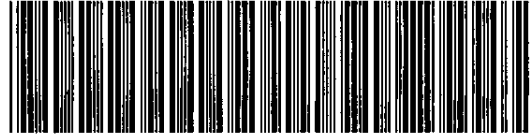
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600266235576

11/14/14--01028--022 \*\*35.00

FILED  
OFFICE OF STATE  
CLERK  
14 NOV 14 PM 1:19

RA/RO/CHS  
@ 11/24/14

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J. Meyers Insurance Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** L32967

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:

Gayle A. Owens

Name of Contact Person

Gayle A. Owens Law, P.A.

Firm/Company

37 N. Orange Ave., Ste. 500

Address

Orlando, FL 32801

City/State and Zip Code

go@gayleaowenslaw.com

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

For further information concerning this matter, please call:

Gayle A. Owens

Name of Contact Person

at ( 407 ) 765-0289

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: J. Meyers Insurance Group, Inc.
2. The principal office address: 5003 Old Cheney Hwy., Orlando, FL 32807
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/27/1989 Document number: L32967

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)

Cathlene J. Keene

5003 Old Cheney Hwy

Orlando, FL 32807

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

Gayle A. Owens Law, P.A.


37 N. Orange Avenue, Suite 500

P.O. Box NOT acceptable

Orlando, FL 32801

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

Lorene M. Williams, CEO

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

11/6/2014  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Gayle A. Owens

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

FILED  
SECRETARY OF STATE  
14 NOV 14 PM 1:19