## 132967

(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone i	<del>(‡)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	<del>)</del>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



300274608203

07/08/15--01010--007 \*\*35.00

SECURITY OF STATE

JUL 1 4 2014

C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: J Meyers Insurance Caroup, Inc.		
DOCUMENT NUMBER: L32947		
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 Owens  Gayle A Owens Law PA  Firm/Company  1802 A la Fay a Trail  Address		
Orlando, FL 3 2826  City/State and Zip Code  go @ gayleaowens law, com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cayle Owens at (407) 992-6691  Name of Contact Person at (407) 992-6691  Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.  Check # 1104		
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		

CR2E045 (03/12)

## 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 In susance Group, Inc
2. The principal office address: 5003 old Cheney Hwy
Orlando, FC 32807
3. The mailing address (if different): 5003 OF (Same)
4. Date of incorporation/qualification: 11/27 1989 Document number: L 3 29 6 7
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)
Gayle A Owens Law PA (Resigned)
37 of Orange Ave, Ste 500
glando, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Cathlene + Keene
5003 old Cheney Huy P.O. Box NOT acceptable
Orlando, FL 32807
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.
Cathlene J Beone &
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 Resustered Agent (26/2015)
If signing on behalf of an entity:

\* \* \* 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 (03/12)