Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (350) 617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE GELBWAKS INSURANCE SERVICES, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	Gelbwaks Insurance Services, Inc.	
	Name of Corporation	
DOCE	JMENT NUMBER:	
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Plcasc	return all correspondence concerning this matter to the following:	
	Steven A. Hensley	
	Name of Contact Person	
	LTC Global, Inc.	
	Firm/Company	
	843 Alder Creek Dr Ste A	
	Address	
Medford, OR 97504-8904		
	City/State and Zip Code	
	shensley@itcglobal.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
Megan	Seluzer 925 948-1914	
-	Name of Contact Person at (
Enclos	ed 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	

CR2E045 (03/12)

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

		517.0502, 607.1508, or 617.1508, Florida Statutes, this
		n organized under the laws of the State of FL registered agent, or both. In the State of Florida.
	· · · · · · · · · · · · · · · · · · ·	
1. The name of	of the corporation: Gelbwaks Insuranc	e Services, Inc.
2. The princip	pal office address: 1525 NW 3RD STR	EET, SUITE 8, Tallahassec, FL 32301
3. The mailin	g address (if different): 115 North Cal	houn Street Suite 4 Tallahassee, FL 32301
4. Date of inc	corporation/qualification: 10/25/1984	Document number: M06929
	and street address of the current regis partment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	COGENCY GLOBAL INC.	
	115 North Calhoun Street Suite 4	
	TALLAHASSEE, FL 32301	
6. The name a (if changed	_	ed agent (if changed) and /or registered office
	C T Corporation System	0EC
	o/o C T Corporation System, 1200 S	
	P.O. Hox NOT acceptable	
	Plantation, Florida 33324	
The street add as changed w	dress of its registered office and the ill be identical.	street address of the business office of its registered agent,
Such change authorized by	was authorized by resolution duly at the hoard, or the corporation has be	dopted by its board of directors or by an officer so cen notified in writing of the change.
	KNO	Steven A. Hensley, Senior VP
	ature of a officer or director	Printed or typed name and title
I further agre performance (agent. Or, if I	of my duties, and I am familiar with this document is being filed merely t	ll statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I
C T C	orporation System	12501/2017
	Signature of Registered Agent	Date
If signing on t	behalf of an entity:	
Stephanie Boel	hm, Assistant Secretary	
	Typod 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 (03/12)