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STATE OF MISSISSIPPI  
TALLAHATCHEE COUNTY

*White*

R. WHITE

NOV 30 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fiorella Insurance Agency, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** M92985

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:

Lisa Shults  
Name of Contact Person

Fiorella Insurance Agency, Inc.  
Firm/Company

2248 Meridian Blvd., Ste H  
Address

Minden, NV 89423  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa Shults at ( 775 ) 284-7167  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fiorella Insurance Agency, Inc.

2. The principal office address: 515 SW Central Parkway, Stuart, FL 34994

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/08/1988 Document number: M92985

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Registered Agents Inc.  
3030 N. Rocky Point Dr. STE 150A  
P.O. Box NOT acceptable  
Tampa FL 33607

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SECTION 114.000  
TALLAHASSEE, FLORIDA

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.

John Fiorella, SR  
Signature of an officer or director

Director  
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.*

Bill Havre  
Signature of Registered Agent

11/16/17  
Date

If signing on behalf of an entity:

Bill Havre  
Typed or Printed Name

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