

P00000044308

(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



900043522759

12/27/04--01037--003 **35.00

FILED
04 DEC 27 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-#05
aa ka chg

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trisha TenBroeck Insurance Agency Inc.
(Name of corporation)

DOCUMENT NUMBER: 7000000044308

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:

Trisha TenBroeck
(Name of contact person)

Trisha TenBroeck Insurance Agency Inc.
(Firm/Company)

622 N. Federal Hwy
(Address)

Boynton Beach, FL 33435
(City/state and zip code)

For further information concerning this matter, please call:

Trisha TenBroeck at (561) 417-6164
(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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Trisna TeBrock Insurance Agency, Inc.
2. The principal office address: 1022 N. FEDERAL Hwy
BOYNTON BEACH FL 33435
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2000 Document number: 7000000044308

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Trisna TeBrock
1946 NE 5TH AVE
BOYNTON BEACH FL 33431

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

Trisna TeBrock
1022 N. FEDERAL Hwy
(P.O. Box NOT acceptable)
BOYNTON BEACH FL 33435

FILED
04 DEC 27 PM 1:47
SECRETARY OF STATE
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.

[Signature]
(Signature of an officer or director)

Trisna TeBrock
(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]
(Signature of Registered Agent)

12/20/04
(Date)

If signing on behalf of an entity:

Trisna TeBrock Insurance Agency, Inc.
(Typed 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