

PO0000081418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

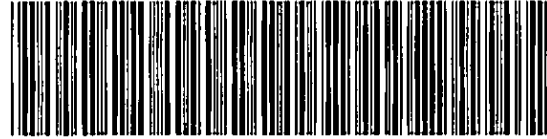
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SECRETARY OF STATE
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JUL -1 PM 1:48

SEAL
TALLAHASSEE, FL

June 14, 2021

ATTN: JON KENT MERRILL
1520 S BAY STREET
EUSTIS, FL 32726

SUBJECT: GARY R. DAHLER INSURANCE AGENCY, INC.
Ref. Number: P00000081418

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SASHA B PENNYWELL
Regulatory Specialist II

Letter Number: 521A00013180

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gary R Dahler Insurance Agency, Inc.
Name of Corporation

DOCUMENT NUMBER: P00000081418

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:

Jon Kent Merrill

Name of Contact Person

Gary R. Dahler Insurance Agency, Inc

Firm/Company

1520 S Bay Street

Address

Eustis, FL 32726

City/State and Zip Code

karen@merrillinsurance.com

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

For further information concerning this matter, please call:

Jon Kent Merrill

at (352) 589-5200
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Gary R Dahler Insurance Agency, Inc.
2. The principal office address: 1520 S. Bay Street
Eustis, FL 32726
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/01/2021 Document number: P00000081418
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)

Gary R Dahler

800 S Bay Street

Eustis, FL 32726

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

Jon Kent Merrill

1520 S. Bay Street

P.O. Box NOT acceptable

Eustis, FL 32726

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TALLAHASSEE, FLORIDA

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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.

Jon Kent Merrill CEO/owner
Signature of an officer or director

Jon Kent Merrill CEO/owner
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.

Jon Kent Merrill
Signature of Registered Agent

04/21/2021

Date

If signing on behalf of an entity:

J. KENT MERRILL
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