

PO10000 33533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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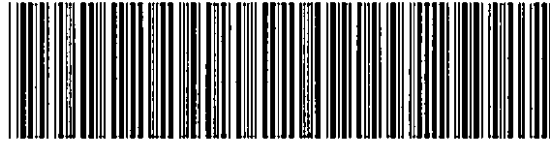
(Business Entity Name)

(Document Number)

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RT Change

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sanford Insurance Center Inc  
Name of Corporation

**DOCUMENT NUMBER:** PO1000033533

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:

Jessica Hammock  
Name of Contact Person

187 E Goodheart Ave  
Firm/Company  
Address

Lake Mary FL 32746  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jessica Hammock at 407.311-6797  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sanford Insurance Center Inc  
2. The principal office address: 200 N Park Ave Sanford FL 32771

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 3/29/2001 Document number: P0100033533

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)

Mary E DeHliger  
210 Villa Dr  
Sanford FL 32771

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

Jessica D Hammock  
187 E Goodheart Ave  
P.O. Box NOT acceptable  
Lake Mary FL 32746

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.

Mary DeHliger President  
Signature of an officer or 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.

[Signature] 10-11-19  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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