

P010000041176



Allstate.
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Allstate Insurance Company
5428 Spring Hill Dr
Spring Hill FL 34606

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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ALLSTATE SEC. STATE
TALLAHASSEE, FL 32304

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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: VERES INSURANCE AGENCY INC

2. The principal office address: 5428 SPRING HILL DR
SPRING HILL FLORIDA 34606

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/26/2001 Document number: 001000041176

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)

WILLIAM LOVELACE

RESIGNED

401 LINCOLN AVE CLEARWATER FL 33756

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

WILLIAM VERES

5428 SPRING HILL DR

P.O. Box NOT acceptable

SPRING HILL FL 34606

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.

William Veres
Signature of an officer or director

WILLIAM VERES PRES
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.

William Veres
Signature of Registered Agent

8/31/12
Date

If signing on behalf of an entity:

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
CR2E045 (03/12)