

PCZ 0000 33435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

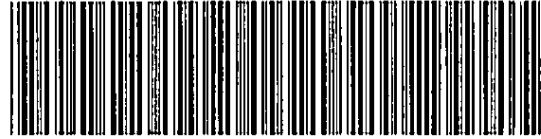
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT 20 2022

A. LUNT

Office Use Only



900391327679

07/22/22--01015--005 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BURROWES INSURANCE GROUP, INC.
Name of Corporation

DOCUMENT NUMBER: P02000033435

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:

SUSAN BURROWES

Name of Contact Person

BURROWES INSURANCE GROUP, INC.

Firm/Company

9200 BELVEDERE RD, UNIT 208

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

SUSYBURROWES@LIVE.COM

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

For further information concerning this matter, please call:

SUSAN BURROWES

Name of Contact Person

at (561) 632-4889

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: BURROWES INSURANCE GROUP, INC.
2. The principal office address: 9200 BELVEDERE RD, UNIT 208
WEST PALM BEACH, FL 33411
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/21/2002 Document number: P02000033435
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)
- SUSAN BURROWES
202 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

9200 BELVEDERE RD, UNIT 208

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33411

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.

Susan Burrowes
Signature of an officer or director

SUSAN BURROWES PRESIDENT

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.*

Susan Burrowes
Signature of Registered Agent

07/15/2022

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 (04/13)

2022 JUL 22 AM 11:27

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS