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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GPS UNDERWRITINGING

Name of Corporation

DOCUMENT NUMBER: P0200048587

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:

Stephen J. BACON
Name of Contact Person

GPS UNDERWRITING, INC

Firm/Company

257 Bayou Circle

Address

De Bony FL 32713

City/State and Zip Code

S BACON 1 GPS @ G Mail Com

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

For further information concerning this matter, please call:

Stephen J. BACON at 305, 778 7779
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

CR2E045 (03/12)

STÂTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	hange is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, this ranized under the laws of the State of Florida istered agent, or both, in the State of Florida.	
	f the corporation: GPS UNDERW	-	
2. The principa	al office address: 257 BAYOU CIF	RCLE	
	RY, FL. 32713 address (if different): 1925 N YOU	ING BLVD #4 CHIEFLAND, FL. 32626	<u></u>
4. Date of inco	rporation/qualification: 05/02/2002	Document number: P0200048587	
5. The name ar Florida Depart	artment of State: (If resigned, enter resig	agent and registered office on file with the	
	GENE L PIAZZA	·	
	11130 IMMOKALEE RD		
	NAPLES, FL. 32713		
'6. The name an (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	
	STEPHEN J BACON	DT acceptable	
	257 BAYOU CIRCLE	PR	
	P.O. Box NO DEBARRY, FL. 32713	T acceptable	
The street addr	ess of its registered office and the stree l be identical.	t address of the business office of its registered agent	
Such change w authorized by t	as authorized by resolution duly adopte he board, or the corporation has been no	ed by its board of directors or by an officer so	
Jen	ure of an officer or director	GENE L PIAZZA	
I hereby accept I further garee	the appointment as registered agent at	Printed or typed name and title and agree to act in this capacity, tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I in writing of this change.	
Je o	- Boen	04/01/2019	
- 	nuture of Rygistered Agent	Date	
	half of an entity:		
STEPHEN			
*:	yped 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)