

PO3000009572

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : COMPUTERSHARE
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Phone : (561) 694-8107
Fax Number : (561) 214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**REGISTERED AGENT CHANGE
MAIN STREET AMERICA INSURANCE, INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2024 DEC 18 AM 10:16
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TALLAHASSEE, FLORIDA

J. Dennis
12-18-24

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: Main Street America Insurance, Inc
2. The principal office address: 7414 HAVILAND CIRCLE
BOYNTON BEACH, FL 33437
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/27/2003 Document number: P03000009572
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)

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST. 4TH FLOOR

MIAMI, FL 33145

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

Corporate Creations Network Inc

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

Estrella Tavaréz
Signature of an officer or director

Estrella Tavaréz, Attorney-in-Fact

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.

Estrella Tavaréz Estrella Tavaréz, Attorney-in-Fact
Signature of Registered Agent

12/17/2024

Date

If signing on behalf of an entity:

Estrella Tavaréz, Special Secretary

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
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