

PD30000 78250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

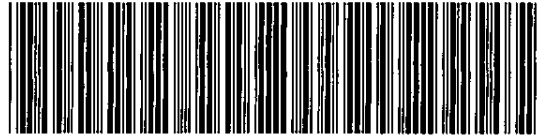
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

RACM
11/1/08

Allstate Insurance Company
10331 Royal Palm Boulevard
Coral Springs, FL 33065-4817
Bus: (954) 255-1551



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B.L. Schwartz Insurance Agency
(Name of Corporation)

DOCUMENT NUMBER: P03000078250

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:

Bonnie Schwartz
(Name of Contact Person)

(Firm/Company)

817 Coral Ridge Drive
(Address)

Coral Springs, FL 33071
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Schwartz at (954) 255-1551
(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

Allstate Insurance Company

10331 Royal Palm Boulevard

Coral Springs, FL 33065-4817

Bus: (954) 255-1551

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF WITH
FOR CORPORATIONS



Allstate®

You're in good hands.

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: B. L. Schwartz Insurance Agency

2. The principal office address: 817 Coral Ridge Drive Coral Springs, FL 33071

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/2003 Document number: P03000078250

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)

B.L. Schwartz Insurance Agency

10331 Royal Palm Blvd

Coral Springs, FL 33065

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

B.L. Schwartz Insurance Agency

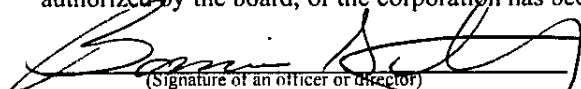
817 Coral Ridge Drive

(P.O. Box NOT acceptable)

Coral Springs, FL 33071

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

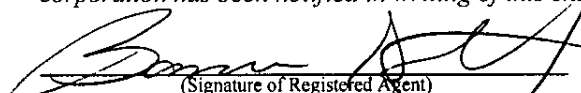
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Bonnie Schwartz Owner/Agent

(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 of Registered Agent)

10/27/2008

(Date)

If signing on behalf of an entity:

Bonnie Schwartz
(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 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA