

P05000060696

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

APR
7/13/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPACE COAST INSURANCE ADVISORS, INC.
Name of Corporation

DOCUMENT NUMBER: P05 00006096

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:

JAMES L. BENTLEY
Name of Contact Person

SPACE COAST INSURANCE ADVISORS, INC.
Firm/Company

P.O. Box 573
Address

CAPE CANAVERAL, FL 32920
City/State and Zip Code

JIM BENTLEY @ ALLSTATE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM BENTLEY at (321) 784-2262
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

**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: SPACE COAST INSURANCE ADVISORS, INC.
2. The principal office address: 5505 N. ATLANTIC AVE. SUITE 102
COCONA BEACH, FL 32931
3. The mailing address (if different): P.O. Box 573
CAPE CANAVERAL, FL 32920
4. Date of incorporation/qualification: 4/25/2005 Document number: P05000060696

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)

James L Bentley
6103 N. ATLANTIC AVE
SUITE "6"
CAPE CANAVERAL, FL 32920

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TALLAHASSEE, FLORIDA

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

James L Bentley
5505 N. ATLANTIC AVE
SUITE 102
P.O. Box NOT acceptable
COCONA BEACH, FL 32931

PLEASE CHANGE
PRINCIPAL ADDRESS
AND REGISTERED
AGENT TO THIS NEW
ADDRESS.

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.

Jim Bentley
Signature of an officer or director

JAMES L BENTLEY, AGENCY OWNER
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.

Jim Bentley
Signature of Registered Agent

7/7/2010
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