

PD5000113617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

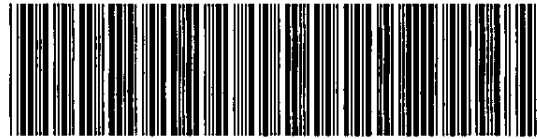
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cape Coral Insurance Center inc.
Name of Corporation

DOCUMENT NUMBER: P05000113617

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:

Damon Sleicher

Name of Contact Person

Cape Coral Insurance Center inc.
Firm/Company

643 Cape Coral Pkwy E. #10
Address

Cape Coral, FL 33904
City/State and Zip Code

info@ccicins.com

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

For further information concerning this matter, please call:

Damon Sleicher

Name of Contact Person

at (239) 549-6255

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cape Coral Insurance Center, INC.
2. The principal office address: 643 Cape Coral Pkwy E. # B
Cape Coral, FL 33904
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/15/05 Document number: P05000113617

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)

(Resigned) Jonathan Rush
1319 SW 9th CT
Cape Coral, FL 33991

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

Patricia Sleicher
643 Cape Coral Pkwy. E # B
P.O. Box NOT acceptable
Cape Coral, FL 33904

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.

Patricia Sleicher
Signature of an officer or director

Patricia Sleicher
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.

Patricia Sleicher
Signature of Registered Agent

11/15/09
Date

If signing on behalf of an entity:

Patricia Sleicher
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)