

PO6 000034650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

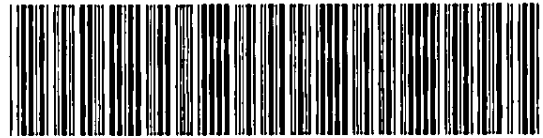
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 24 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Insurance Matters of Florida II, Inc.
Name of Corporation

DOCUMENT NUMBER: PO06000034650

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 Sachs

Name of Contact Person

Firm/Company

21547 Cypress Hammock Dr. #42B

Address

Boca Raton, FL 33428

City/State and Zip Code

info@butler-plumbing.com

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

For further information concerning this matter, please call:

Bonnie Sachs

Name of Contact Person

at (954) 732-7845
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: _____
2. The principal office address: 21547 Cypress Hammock Dr. #42B
Boca Raton, FL 33428
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3-9-2006 Document number: PO06000034650
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)

Bonnie Sachs

7137 NW 78th Place

Parkland, FL 33067

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

Bonnie Sachs

21547 Cypress Hammock Dr. #42B

P.O. Box NOT acceptable

Boca Raton, FL 33428

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 Sachs
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

December 17, 2019
Date

If signing on behalf of an entity:

Bonnie Sachs
Typed or Printed Name

* * * FILING FEE: \$55.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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2019 DEC 23 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FL