

P06000034709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

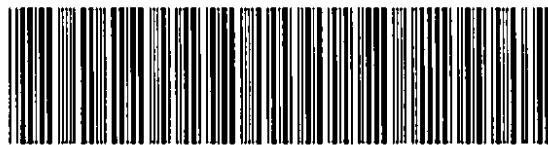
(Business Entity Name)

(Document Number)

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SEP 20 2018

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18 SEP 17 AM 3:03
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R/A-24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISAAC Insurance Agency INC.
Name of Corporation

DOCUMENT NUMBER: PO6000034709

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:

Woodrow M. ISAAC
Name of Contact Person

ISAAC Insurance Agency INC
Firm/Company

2996 Mission DR. E.
Address

Clearwater, FL. 33759
City/State and Zip Code

WMISAAC1958@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Woodrow M. ISAAC at (727) 458-4680
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: ISAAC Insurance agency, INC.
2. The principal office address: 2996 MISSION DR. E
CLEARWATER, FL. 33759
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03-08-2006 Document number: PO6000034709
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)
old 3101 Teal Terrace
SAFETY HARBOR, FL. 34695
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
2996 MISSION DR. E.
CLEARWATER, FL. 33759
P.O. Box NOT acceptable

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18 SEP 17 AM 3:08
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
HARRIS, TEXAS

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.

Woodrow M. Isaac
Signature of an officer or director

Woodrow M. ISAAC Pres.
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.

Woodrow M. Isaac
Signature of Registered Agent

9-14-2018
Date

If signing on behalf of an entity:

WOODROW M. ISAAC
Typed or Printed Name

*** FILING FEE: \$35.00 ***