

P06000 050 967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

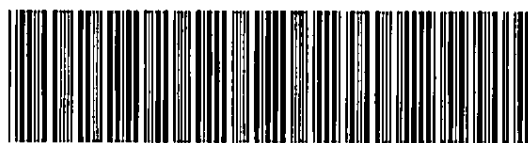
(Business Entity Name)

(Document Number)

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2019 OCT 18 AM 11:30

R. WHITE
OCT 21 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Reliant Adjusters Group Inc.

Name of Corporation

DOCUMENT NUMBER: P06000050967

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:

Thomas A Egelhoff

Name of Contact Person

Reliant Adjusters Group Inc

Firm/Company

134 NW 16th Street #12

Address

Boca Raton, FL 33432

City/State and Zip Code

reliantclaims@gmail.com

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

For further information concerning this matter, please call:

Thomas A Egelhoff

Name of Contact Person

at (561) 929-9826

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2019

THOMAS A EGELHOFF
134 NW 16TH ST #12
BOCA RATON, FL 33432

SUBJECT: RELIANT ADJUSTERS GROUP, INC.
Ref. Number: P06000050967

We have received your document for RELIANT ADJUSTERS GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 119A00020539

CEIV

2019 OCT 18 11:10:50

DATA

**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: Reliant Adjusters Group Inc
2. The principal office address: 134 NW 16th Street #12 Boca Raton, FL 33432
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4-10-2006 Document number: P06000050967

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)

Reliant Adjusters Group Inc

500 NE Spanish River Blvd 105D

Boca Raton, FL 33431

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

Thomas A Egelhoff

134 NW 16th Street #12

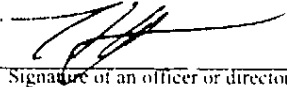
P.O. Box NOT acceptable

Boca Raton, FL 33432

2019 OCT 18 PM 11:30

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.

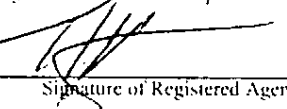


Signature of an officer or director

Thomas A Egelhoff, President

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

9-17-2019

Date

If signing on behalf of an entity:

Thomas A Egelhoff

Typed or Printed Name

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