06000055401

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(· · ·	,	
(0)	- JOSE - 171 - IDS	- 40
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Cartified Capies	Cortificator	of Status
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

Office Use Only



900340893199

05/M2 004-8662 44-817 (4495,68



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Gridiron Insurance Underwriters. Inc. Name of Corporation				
Name of Corporation				
DOCUMENT NUMBER: P06000055401				
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:			
Peggy Vidal				
Name of Contact Person				
Gridiron Insurance Underwriters, Inc.				
Firm/Company				
300 S. Pine Island Rd. Ste 109				
Address				
Plantation, FL 33324				
City/State and Zip Code				
pvidal@gridironins.com				
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, please ca	all:			
Peggy Vidal	at (954)331-3031			
Name of Contact Person	at (954)331-3031 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department	ment of State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, a organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this		
	the corporation: Gridiron Insurance				
	office address: 300 S. Pine Island R				
3. The mailing a	ddress (if different): Same				
4. Date of incorp	poration/qualification: 04/18/2006	Document number: P06000055401			
	I street address of the current regis tment of State: (If resigned, enter a	tered agent and registered office on file with the resigned)			
	Cesar Sastre				
		202	<u>.</u>		
	Plantation, FL 33313		2020 MAR	574 27.	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	?-2 P₩	A VISION OF CORPORA	
	James P. Gainey		က်	17. V	
	6951 W. Sunrise Blvd		7	2	
P.O. Box NOT acceptable					
	Plantation, FL 33313				
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registe	red ag	ent.	
Such change wa authorized by th	as authorized by resolution duly a board, or the corporation has be	dopted by its board of directors or by an officer seen notified in writing of the change.	O		
	Daron	David DeMott - President			
Signation	e of an afficer or director	Printed or typed name and title		_	
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered age to comply with the provisions of a long am familiar with and accept the filed merely to reflect a change been notified in writing of this company.	ent and agree to act in this capacity. Ill statutes relative to the proper and complete pe he obligation of my position as registered agent, e in the registered office address, I hereby confir hange.	rforme Or, if m that	ance this the	
- H	N, Esa	02/13/2020		_	
	nature of Registered Agent	Date			
II figning on be	half of an entity:				
	oped or Printed Name				

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