

P060000055401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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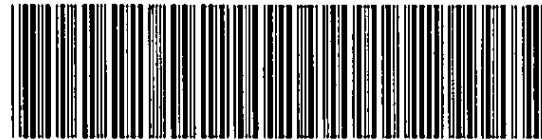
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: Gridiron Insurance Underwriters, Inc.
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 call:

Peggy Vidal

at (954) 331-3031
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

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.

- Cesar Sastre

Plantation, FL 33313

- James P. Gainey

P.O. Box NOT acceptable

Plantation, FL 33313



Signature of an officer or director

Printed or typed name and title

Signature of Registered Agent

Signature of Registered Agent

Date _____

If signing on behalf of an entity:

Typed or Printed Name

CR2E045 (04/13)