

PO6000093978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

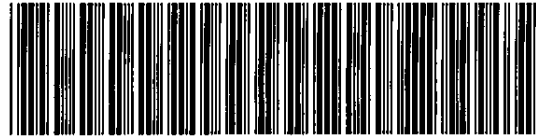
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: All Bay Insurance Group, Inc  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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:

← unsure what this  
is. my EIN is  
20-5208582

Joel B Meek

(Name of Contact Person)

All Bay Insurance Group, Inc  
(Firm/Company)

11345 Big Bend Rd  
(Address)

Riverview FL 33569

(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Meek

(Name of Contact Person)

at ( 813 ) 677-1121

(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: All Bay Insurance Group, Inc  
2. The principal office address: 11345 Big Bend Rd  
Riverview FL 33569  
3. The mailing address (if different): Should be same as office address

4. Date of incorporation/qualification: 7/17/2006 Document number: (Not sure what this is)

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joel Meek  
2070 World Pkwy Blvd #44  
Clearwater FL 33763

↑  
EIN is  
20-5208582

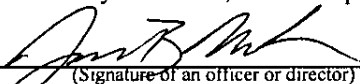
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): JOEL B MEEK

11345 Big Bend Rd  
Riverview FL 33569

~~(Not to be used in this section)~~

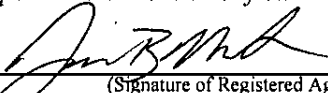
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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)

Joel B Meek / 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)

Sept 12, 2006  
(Date)

If signing on behalf of an entity:

Joel B Meek for All Bay Insurance Group, Inc  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA