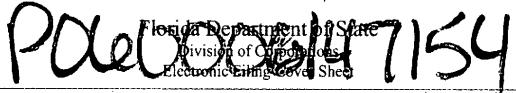
11/5/21, 9:03 AM

Division of Corporations



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(((H21000410922 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

REGISTERED AGENT CHANGE PLYMOUTH INSURANCE AGENCY, INC.

Certificate of Status	0
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S. PRATHER

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PLYMOUTH INSU! Name of Corporation	RANCE AGENCY, INC.
DOCUMENT NUMBER: P060001	47154
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter,	please catt:
Mary Castillo	at (\$88) 705-7274
Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone Numbe
Enclosed is a \$35.00 check made payable to the	
Mailing Address:	Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607,0502, 61 ange is submitted for a corporation or or to change its registered office or r	organized i	under the la	ws of the State of Florid	a				
1. The name of	1. The name of the corporation: PLYMOUTH INSURANCE AGENCY, INC.								
2. The principal	2. The principal office address: 2739 US HIGHWAY 19 #100 HOLIDAY, FL 34691								
3. The mailing a	nddress (if different):								
4. Date of incorporation/qualification: 11/27/2006 Document number: P06000147154									
5. The name and Florida Depar	d street address of the current registertment of State: (If resigned, enter re	red agent a signed)	and registere	ed office on file with the					
	COGENCY GLOBAL	.INC.							
	115 NORTH CALHOUN ST	T. SUITE 4		E 4	TAL .	20			
	TALLAHASSEE,		FL	32301	LAH/	2021 NOV			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):									
	Registered Agent Solu	itions, I	nc.		STATE	AM 8:			
	155 Office Plaza Dr.				Dri A	S.			
	Tallahassee	O.Box NOT:	3230°	1					
The street addre	ess of its registered office and the st be identical.	treet addre	ss of the bu	siness office of its regist	ered agent,				
Such change wa authorized by th	as authorized by resolution duly add the board, or the corporation has bee	opted by it in notified	s board of d in writing o	lirectors or by an officer of the change.	so				
1st John Pa	ruca		n Porreca						
-	the appointment as registered ager to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agre statutes re obligation in the reginnge.		rd or typed name and title this capacity: e proper and complete p ition as registered agent e address, I hereby confi	erformance . Or, if this rm that the				
Hode	anzioNt		/25/2021						
Signature of Registered Agent			• .	Date	 _				
	half of an entity:								
	Assistant Secretary								
.,	* * * FILING	3 FFF- 62	500 * * *						