

PO7000065111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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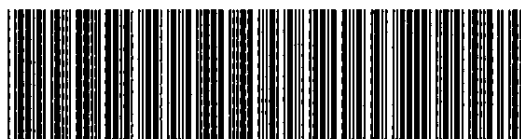
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rep On 7/1/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAY AREA INSURANCE AGENCY, INC.
Name of Corporation

DOCUMENT NUMBER: P07000065111

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:

CAROL J. MORRIS

Name of Contact Person

BAY AREA INSURANCE AGENCY, INC.

Firm/Company

3943 W. KENNEDY BLVD.

Address

TAMPA, FLORIDA 33609

City/State and Zip Code

BAYAREAINSURANCE@VERIZON.NET

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

For further information concerning this matter, please call:

CAROL MORRIS

Name of Contact Person

at (813) 876-9911
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

June 21, 2010

CAROL MORRIS
3943 W. KENNEDY BLVD.
TAMPA, FL 33609

SUBJECT: BAY AREA INSURANCE AGENCY, INC.
Ref. Number: P07000065111

We have received your document for BAY AREA INSURANCE AGENCY, 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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 810A00015230

**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: BAY AREA INSURANCE AGENCY, INC.
2. The principal office address: 3943 W. KENNEDY BLVD.
TAMPA, FLORIDA 33609
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/03/2007 Document number: P07000065111
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)

CAROL J. MORRIS (AGENT)

3036 EASTLAND BLVD #208

CLEARWATER, FL 33761

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

Carol J. Morris

3943 W. KENNEDY BLVD.

P.O. Box NOT acceptable

TAMPA, FLORIDA 33609

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.

Carol J. Morris

Signature of an officer or director

Carol J. Morris

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.*

Carol J. Morris

Signature of Registered Agent

6/17/10

Date

If signing on behalf of an entity:

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
CR2E045 (8/05)

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TALLAHASSEE, FLORIDA