

PO 70000826/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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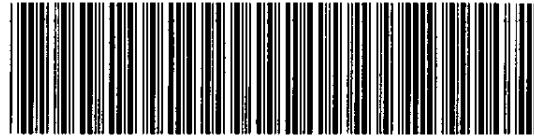
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2007

ANDREA J. FIEBE
ALLSTATE/FIEBE INSURANCE, INC.
27499 RIVERVIEW CENTER BLVD., #102
BONITA SPRINGS, FL 34134

SUBJECT: FIEBE INSURANCE INCORPORATED
Ref. Number: P07000082616

We have received your document for FIEBE INSURANCE INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 707A00053773

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fiebe Insurance, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000082616

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:

Andrea J. Fiebe
(Name of Contact Person)

Allstate / Fiebe Insurance, Inc.
(Firm/Company)

27499 Riverview Center Blvd. #102
(Address)

Bonita Springs, FL 34134
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea J. Fiebe at (239) 498.7334
(Name of Contact Person) (Area Code & Daytime Telephone Number)

239-287-5083 cell

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fiebe Insurance Inc.
2. The principal office address: 27499 Riverview Center Blvd. #102
Bonita Springs, FL 34134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/19/07 Document number: PO7000082616

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

Peter Look
4903 Chiquita Blvd.
Cape Coral, FL 33914

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

Andrea J. Fiebe
27499 Riverview Center Blvd.
(P.O. Box NOT acceptable)
Bonita Springs, FL 34134

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TALLAHASSEE, FLORIDA

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]
(Signature of an officer or director)

Andrea J. Fiebe
(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 position as registered agent, and I am familiar with and accept the obligation of my position as registered agent. Or, if this change is being filed merely to reflect a change in the registered office address, I hereby confirm that the change has been notified in writing of this change.

SIGN HERE

[Signature]
(Signature of Registered Agent)

8-27-07
(Date)

If signing on behalf of an entity:

Fiebe Insurance 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
CR2E045 (8/05)