

PO7000083040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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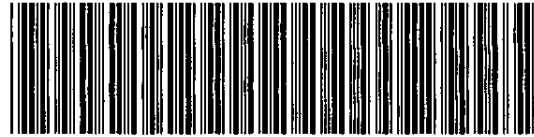
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Matt Smith Insurance Agency Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P07000083040

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:

Matt Smith  
Name of Contact Person

Matt Smith Insurance Agency Inc.  
Firm/Company

1199 N. SUMTER BLVD  
Address

NORTH PORT, FL 34286  
City/State and Zip Code

Matt@matthsmithagency.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Smith at ( 941 ) 429-7955  
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

**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: Matt Smith Insurance Agency Inc.
2. The principal office address: 1199 N. SUMTER BLVD.  
NORTH PORT, FL 34286
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: July 23, 2007 Document number: P07000083040
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)

Matt Smith  
3125 Bobcat Village Center Rd.  
NORTH PORT, FL 34288

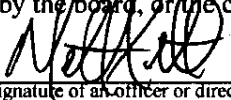
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Matt Smith  
1199 N. ~~Sumter~~ ~~Ave~~ SUMTER BLVD.  
P.O. Box NOT acceptable  
NORTH PORT, FL 34286

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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

Matt Smith - 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

11/12/12  
Date

If signing on behalf of an entity:

Matt Smith  
Typed or Printed Name

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