

PD7000086661

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8-8-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Magaro Insurance & Financial Services Inc  
Name of Corporation

**DOCUMENT NUMBER:** P07000086661

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:

Kenneth J Magaro

Name of Contact Person

Magaro Insurance & Financial Services Inc.

Firm/Company

2793 S State Rd 7 Suite 400

Address

Wellington, FL 33414

City/State and Zip Code

ken@kenmagaro.com

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

For further information concerning this matter, please call:

Ken Magaro

Name of Contact Person

at ( 561 ) 968-6522

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: Magaro Insurance & Financial Services Inc.  
2. The principal office address: 2793 S State Rd 7 Suite 400 Wellington, FL 33414

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/31/07 Document number: P07000086661

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)

Kenneth J Magaro

5500 S State Rd 7 Suite 108

Lake Worth, FL 33449

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

Kenneth J Magaro

2793 S State Rd 7 Suite 400

P.O. Box NOT acceptable

Wellington, FL 33414

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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.

Ken Magaro  
Signature of an officer or director

Ken Magaro 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.

Ken Magaro  
Signature of Registered Agent

7/22/14  
Date

If signing on behalf of an entity:

Ken Magaro  
Typed or Printed Name

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