

PO 000005951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

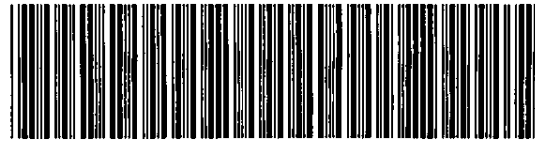
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECTION 1  
TALLAHASSEE, FL

flachg  
NOV 21 2016

R. W. ...

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

NUMBER PAGES:

Date: November 11, 2016

AE: Sharon Cooke

TO: Florida Department of State

H1080

REFERENCE: 1019028

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

**STONEHENGE INSURANCE SOLUTIONS INC.**

**Change of Registered Agent**

IN: FL

SPECIAL INSTRUCTIONS:

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	618238	Florida Department of State	\$35

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Sharon Cooke TO CONFIRM FILING RESULTS**

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET  
(800)533-7272

THIS IS A SERVICE OF THE  
FLORIDA DEPARTMENT OF STATE  
DATE: 11/11/2016

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: Stonehenge Insurance Solutions, Inc.
2. The principal office address: 300 Avenue of the Champions, Suite 222  
Palm Beach Gardens, FL 33418
3. The mailing address (if different): 115 Cassilly Way  
Jupiter, FL 33458
4. Date of incorporation/qualification: 9/24/2007 Document number: P07000105951
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)

Edwards, Micheal A.

1550 Southern Blvd., Ste 300

West Palm Beach, FL 33406

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

Paracorp Incorporated

155 Office Plaza Drive, 1st Floor

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

CHRIS O'CONNOR CEO  
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]  
Signature of Registered Agent

11/11/2016

Date

If signing on behalf of an entity:

Sharon Cooke, Asst Secretary  
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 (03/12)

16 NOV 17 PM 12:18  
TALLAHASSEE  
SECRETARY OF STATE