

POE00000 4752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800331919848

07/15/18--01001--005 **05.00

FILED
2018 JUL 15 P 5:34
TALLAHASSEE, FLORIDA

JUL 15 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

VANTAGE INSURANCE SERVICES, INC.

SUBJECT: _____
Name of Corporation
P08000004752

DOCUMENT NUMBER: _____

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:

Rebecca Boucher

Name of Contact Person

Cal-Vegas

Firm/Company

2900 N. University Dr. Ste. 46

Address

Coral Springs, FL 33065

City/State and Zip Code

becca@calvegas.com

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

For further information concerning this matter, please call:

Rebecca Boucher

954

224-9562

Name of Contact Person

at (_____) _____

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

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: VANTAGE INSURANCE SERVICES, INC.
2. The principal office address: 2662 NW 118th Drive
Coral Springs, FL 33065
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/14/2008 Document number: P08000004752

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)

CT CORPORATION SYSTEM

1200 S PINE ISLAND RD

PLANTATION, FL 33324

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

Bernard T. Moyle

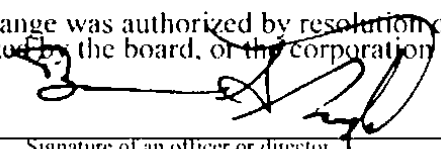
2900 N. University Dr. Ste. 46

P.O. Box NOT acceptable

Coral Springs, FL 33065

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.

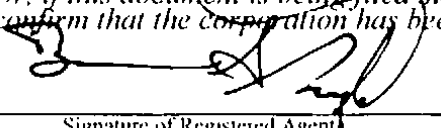


Signature of an officer or director

Bernard T. Moyle Director

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

07/02/2019

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