

POS 000017370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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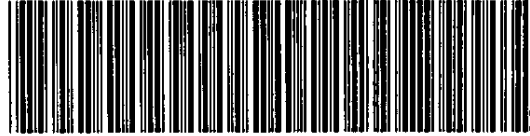
(Business Entity Name)

(Document Number)

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C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BARBA INSURANCE GROUP INC  
Name of Corporation

**DOCUMENT NUMBER:** P08000017370

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:

PERFECTO BARBA II  
Name of Contact Person

BARBA INSURANCE GROUP, INC  
Firm/Company

1857 SANDALWOOD DR  
Address

SARASOTA, FL 34231  
City/State and Zip Code

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

For further information concerning this matter, please call:

PERFECTO BARBA at ( 941 ) 914-3483  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BARBA INSURANCE GROUP, INC
2. The principal office address: 1857 SANDALWOOD DRIVE  
SARASOTA, FL 34231
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/15/2008 Document number: P08000017370
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)

NIQUITA GIOIA ~~RESIGNED~~  
1586 WESCOTT LOOP  
WINTER SPRINGS, FL 32708

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

PERFECTO BARBA II  
1857 SANDALWOOD DRIVE  
P.O. Box NOT acceptable  
SARASOTA, FL 34231

2016 AUG 22 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Niquita Gioia  
Signature of an officer or director

NIQUITA GIOIA  
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.*

Niquita Gioia  
Signature of Registered Agent

8-1-16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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