

P08000025929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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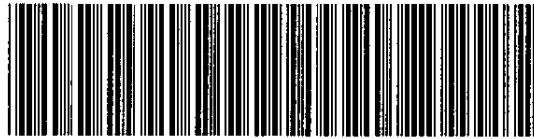
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SEP 17 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Chris Bogue Insurance Agency, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000025929

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:

Chris Bogue  
Name of Contact Person

Chris Bogue Insurance Agency, Inc.  
Firm/Company

2401 PGA Blvd., Suite 192  
Address

Palm Beach Gardens, FL 33410  
City/State and Zip Code

chris.bogue.mmhz@statefarm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Bogue at ( 954 ) 632-2395  
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: Chris Bogue Insurance Agency, Inc.
2. The principal office address: 2401 PGA Blvd., Suite 192, Palm Beach Gardens, FL 33410
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/11/2008 Document number: P08000025929
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)

Chris Bogue

428 Mary Esther Cut-off

Ft. Walton Beach, FL 32548

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

Chris Bogue

2401 PGA Blvd., Suite 192

P.O. Box NOT acceptable

Palm Beach Gardens, FL 33410

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.

Chris A. Bogue  
Signature of an officer or director

Chris A. Bogue, Owner/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.*

Chris A. Bogue  
Signature of Registered Agent

Sept 14, 2009  
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  
CR2E045 (8/05)

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