

PO8 600360140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

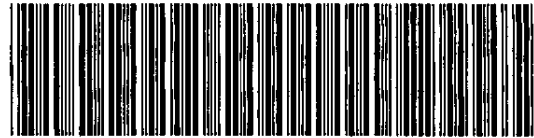
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600293029696

12/19/16--01007--017 \*\*35.00

FILED  
2016 DEC 19 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/20/16

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Levay Insurance Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P08000060140

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:

Stephen Levay III  
Name of Contact Person

Levay Insurance Group, Inc.  
Firm/Company

1618 NW 2 AVE  
Address

BOCA RATON FL 33432  
City/State and Zip Code

Stephen @ Levay Group . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Levay at ( 561 ) 394-5040  
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: Levay Insurance Group, Inc.  
2. The principal office address: 1618 NW 2 AVE  
BOCA RATON FL 33432  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 6/20/08 Document number: P08000060140

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)

3521 N Federal Hwy  
BOCA RATON FL 33431  
Stephen Levay III

FILED  
2008 DEC 19 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1618 NW 2 AVE  
BOCA RATON FL 33432  
P.O. Box NOT acceptable  
Stephen Levay III

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

Stephen Levay III PRES  
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

12/1/16  
Date

If signing on behalf of an entity:

Stephen Levay III  
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)