

P08000078315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

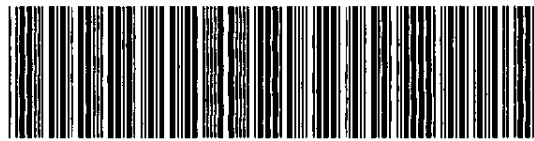
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

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TALLAHASSEE, FLORIDA

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1/11/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DC Health & Life Insurance Consulting, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000078315

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:

David James Collier Jr
Name of Contact Person

DC Health & Life Insurance Consulting, Inc.
Firm/Company

2423 SE 10th Court
Address

Pompano Beach, FL 33062
City/State and Zip Code

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

For further information concerning this matter, please call:

David Collier Jr at (954) 650-0731
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: DC Health & Life Insurance Consulting, Inc.
2. The principal office address: 2423 SE 10th Ct. Pompano Beach, FL 33062
3. The mailing address (if different): _____
4. Date of incorporation/qualification: August 22, 2008 Document number: P08000078315
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)

Spiegel & Utrera, P.A.
1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 US

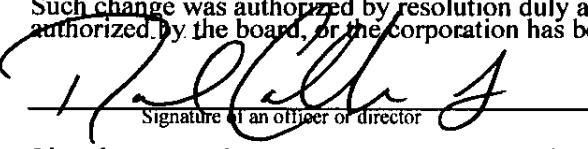
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David James Collier Jr
2423 SE 10th Ct. Pompano Beach, FL 33062
P.O. Box NOT acceptable

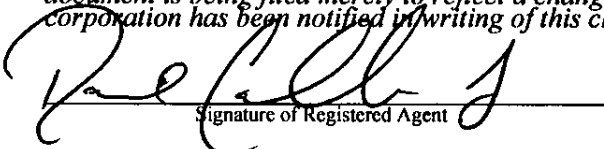
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 David Collier Jr President
Signature of an officer or 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.

 1-5-10
Signature of Registered Agent Date

If signing on behalf of an entity:

David Collier Jr President
Typed or Printed Name

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