

PG8000091336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

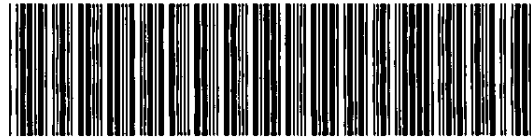
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100260045481

05/12/14--01008--006 **35.00

FILED

2014 MAY 12 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2015
T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CHANGE OF OFFICE ADDRESS**

Name of Corporation

DOCUMENT NUMBER: **P08000091336**

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:

GENE L PIAZZA

Name of Contact Person

OUR FAMILY INSURANCE INC

Firm/Company

1136 NE PINE ISLAND RD # 7

Address

CAPE CORAL, FL. 33909

City/State and Zip Code

ourfamilyinsfl@yahoo.com

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

For further information concerning this matter, please call:

GENE L PIAZZA

Name of Contact Person

at (**216**) **849-0314**

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: OUR FAMILY INSURANCE, INC
2. The principal office address: 1136 NE PINE ISLAND RD # 7
CAPE CORAL, FL. 33909
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/01/2008 Document number: P08000091336
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)

GENE L PIAZZA

3166 Mercury Ln
NFT Myers R/ 33909

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

Gene L Piazza
2140 moulder Dr
P.O. Box NOT acceptable
Naples, FL 34110

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.

Gene L Piazza
Signature of an officer or director

GENE L PIAZZA

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.

Gene L Piazza
Signature of Registered Agent

MAY 06, 2014

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 (03/12)