

POS 000097567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

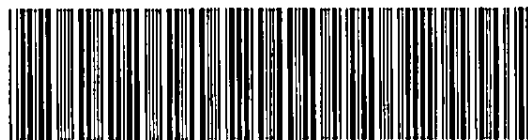
(Business Entity Name)

(Document Number)

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

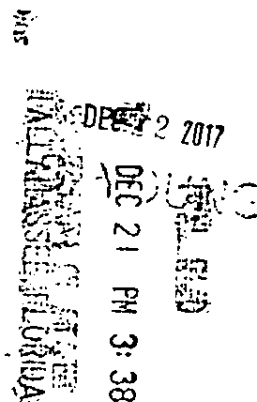
Special Instructions to Filing Officer:

Office Use Only



300306756383

12/21/17--01018--015 \*\*35.00



DEC 22 2017

S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PIA Management Services of Florida Inc  
Name of Corporation

**DOCUMENT NUMBER:** P08000097567

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:

Kimberly L. Gray

Name of Contact Person

PIA of Florida

Firm/Company

311 E. Park Ave

Address

Tallahassee, FL 32301

City/State and Zip Code

kim@piafl.org

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

For further information concerning this matter, please call:

Kimberly L. Gray

Name of Contact Person

at ( 850 ) 224-5081

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: PIA Management Services of Florida Inc
2. The principal office address: 331 E. Park Ave  
Tallahassee, FL 32301
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/30/2008 Document number: P08000097567
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)

Corey Mathews  
1390 Timberlane Road  
Tallahassee, FL 32303


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

Kimberly L. Gray  
311 E. Park Ave  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

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.

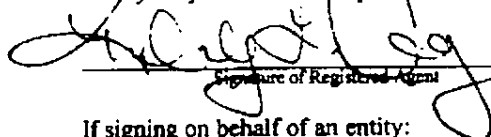
x

  
Signature of an officer or director

Lorene Williams

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 of Registered Agent

10/18/2017

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

CR25045 (03/12)

DEC 21 PM 3:38  
FPM 10-23

10/17/2017

PIA of Florida Mail - Change of Address/Email Address



Kim Gray <kim@piafl.org>

---

## Change of Address/Email Address

---

Kim Gray <kim@piafl.org>

Tue, Oct 17, 2017 at 6:17 PM

To: corpaddresschange@dos.myflorida.com

PIA Management Services of Florida Inc

Document Number - P08000097567

Please change both Mailing and Location address to: 311 E. Park Ave  
Tallahassee, FL 32301

Email Address: kim@piafl.org

### **Kimberly L. Gray**

Executive Director

Professional Insurance Agents of Florida

311 E. Park Ave.

Tallahassee, FL 32301

850-893-8245

kim@piafl.org