

PO9 ALL 24/96

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

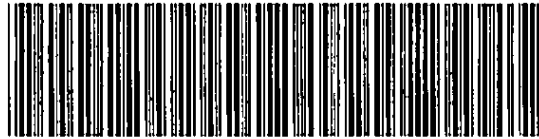
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400311043974

400811043974
04/02/18--01037--025 **35.00

APR 04 2017

S. YOUNG

14. 14.10.2017

18 A₁H⁻² P₁ 3:42

25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SERENITY INSURANCE SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P09000024196

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:

SHELDON BIRMAN
Name of Contact Person
SERENITY INSURANCE SERVICES, INC
Firm/Company
4141 NW 88TH AVENUE
Address
SUNRISE, FL 33351 US
City/State and Zip Code
sheldon@insureserenity.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELDON BIRMAN at 954 742-0211
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: SERENITY INSURANCE SERVICES, INC.
2. The principal office address: 4141 N.W. 88TH AVENUE
SUNRISE, FL 33351 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/16/2009 Document number: P09000024196
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)

RONALD GELBER

11450 INTERCHANGE CIRCLE NORTH

MIRAMAR, FL 33025 US

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

PALERMO, LANDSMAN & ROSS, PA

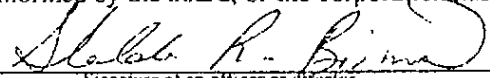
9720 STIRLING RD, STE 203

P.O. Box NOT acceptable

COOPER CITY, FL 33024 US

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

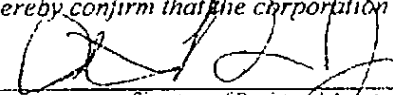
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

SHELDON BIRMAN

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

03/21/18

Date

If signing on behalf of an entity:

ARTHUR PALERMO JR.

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)