

P100000004365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

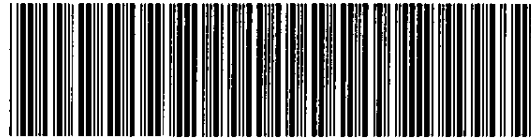
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Address Change for Corporate Agency  
Name of Corporation

**DOCUMENT NUMBER:** P10000604365

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:

DEDRIE THOMPSON  
Name of Contact Person

THOMPSON INSURANCE Agency  
Firm/Company

652 West Oakland Park  
Address

Wilton Manors FL 33311  
City/State and Zip Code

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

For further information concerning this matter, please call:

DEDRIE THOMPSON at (904) 825-6173  
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: THOMPSON'S INSURANCE Agency  
2. The principal office address: 652 West Oakland Park  
FL 33311  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Jan 2010 Document number: P1000004365

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)

DEDRIE THOMPSON  
652 West Oakland Park FL  
33311

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

Name The Same  
8182 N University DR  
P.O. Box NOT acceptable  
TAMUNAL FL 33321

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

DEDRIE THOMPSON  
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

10/31/2011  
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