P11000106948

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bi	isiness Entity Nar	me)
(Do	ocument Number)	
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10/02/15--01003--022 **35.00





OCT 19 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section 1 Division of Corporations	
SUBJECT: Dover Insurance Group, Inc	
DOCUMENT NUMBER: P11000106948	
The enclosed Statement of Change of Registered Office/Agent and fee	e are submitted for filing.
Please return all correspondence concerning this matter to the following	ng:
Kevin Dover	
Name of Contact Person	
Firm/Company	
PO Box 686	
Address	
DeFuniak Springs, FL 32	435
City/State and Zip Code	
kevin@doverinsurancegro	•
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please call:	
Kevin Dover Name of Contact Person at (850 Area Coo	508-1441
Name of Contact Person Area Coo	de & Daytime Telephone Numl
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



October 6, 2015

KEVIN DOVER P.O. BOX 686 DEFUNIAK SPRINGS, FL 32435

SUBJECT: DOVER INSURANCE GROUP, INC.

Ref. Number: P11000106948

We have received your document for DOVER INSURANCE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

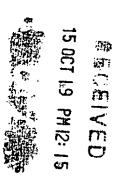
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 715A00021057



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
	the corporation: Dover Insurance Group, Inc.
2. The principal	office address: 1169 John Sims Pkwy E, Niceville, FL 32578
3. The mailing a	ddress (if different): PO Box 686, DeFuniak Springs, FL 32435
4. Date of incorp	poration/qualification: 1/1/2012 Document number: P11000106948
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Kevin Dover
	95045 Bermuda Dr.
	Fernandina Bch, FL 32034
6. The name and (if changed):	Fernandina Bch, FL 32034 I street address of the new registered agent (if changed) and /or registered of the Revin Dover 1169 John Sims Pkwy E P.O. Box NOT acceptable
	Kevin Dover
	1169 John Sims Pkwy E
	Niceville, FL 32578 P.O. Box NOT acceptable
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Z.W	Kevin Dover
I hereby accept I further acree i	re of an officer or typed name and title the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.
X-V	10/16/15
	nature of Registered Agent
II signing on be	half of an entity:
Ty	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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