

P11000106948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Dover Insurance Group, Inc**
Name of Corporation

DOCUMENT NUMBER: **P11000106948**

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:

Kevin Dover

Name of Contact Person

Firm/Company

PO Box 686

Address

DeFuniak Springs, FL 32435

City/State and Zip Code

kevin@doverinsurancegroup.com

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

For further information concerning this matter, please call:

Kevin Dover

Name of Contact Person

at (**850**) **508-1441**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

RECEIVED
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**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: Dover Insurance Group, Inc.
2. The principal office address: 1169 John Sims Pkwy E, Niceville, FL 32578

3. The mailing address (if different): PO Box 686, DeFuniak Springs, FL 32435

4. Date of incorporation/qualification: 1/1/2012 Document number: P11000106948

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)

Kevin Dover
95045 Bermuda Dr.
Fernandina Bch, FL 32034


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

Kevin Dover
1169 John Sims Pkwy E
P.O. Box NOT acceptable
Niceville, FL 32578

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TALLAHASSEE, FLORIDA


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

Kevin Dover
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

10/16/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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