

PB000010028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

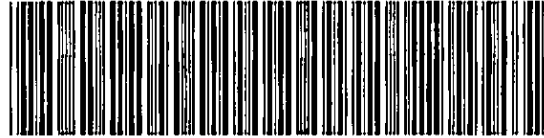
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2020

JULIE FULLER  
5525 OAK VALLEY PLACE STE C  
FT WAYNE, IN 46845

SUBJECT: INSUREIT, INC.  
Ref. Number: P13000010028

We have received your document for INSUREIT, 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 designation of the registered agent must be at a Florida street address.

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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 620A00026059

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Insure It, Inc.  
Name of Corporation

DOCUMENT NUMBER: P13000010028

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:

Julie Fuller  
Name of Contact Person

Insure It, Inc.  
Firm/Company

5525 Oak Valley Place Ste C  
Address

Ft. Wayne IN 46845  
City/State and Zip Code

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

For further information concerning this matter, please call:

Julie Fuller at ( 239 ) 260-1148  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Insure It, Inc.
2. The principal office address: 2430 Vanderbilt Beach Rd Ste 108-666  
Naples, FL 34109
3. The mailing address (if different): 5525 Oak Valley Pl. Ste C Ft Wayne, IN 46845
4. Date of incorporation/qualification: 1/31/2013 Document number: P13000010028
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)


Julie Fuller  
6722 Lone Oak Blvd  
Naples, FL 34109

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

Julie Fuller  
2430 Vanderbilt Beach Rd Ste 108-666  
Naples, FL 34109  
P.O. Box NOT acceptable

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

Julie D. Fuller Owner  
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

11/12/2020  
Date

If signing on behalf of an entity:

Julie D. Fuller  
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 (04/13)