

P13000075943

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
INSURANCE QUOTE CHALLENGE INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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SEP 15 2014

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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: Insurance Quote Challenge Inc.
2. The principal office address: 9996 Pines Blvd, Pembroke Pines, Florida 33024
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/13/2013 Document number: P13000075943

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)

BUSINESS FILINGS INCORPORATED

515 E. PARK AVENUE

TALLAHASSEE, FL 32301

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

Khair Disla

9996 Pines Blvd

P.O. Box NOT acceptable

Pembroke Pines, Florida 33024

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

Khair Disla, President

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

9/19/14
Date

If signing on behalf of an entity:

Khair Disla
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
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