

P13000081425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

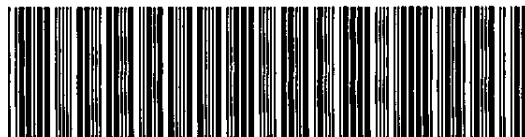
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A&A Insurance Services Int, Inc.
Name of Corporation

DOCUMENT NUMBER: P130000B1425

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:

Ms. Evelyn Looney

Name of Contact Person

A&A Insurance Ser.

Firm/Company

8144 Okeechobee Blvd.

Address

WPB FL 33411

City/State and Zip Code

evelyn@associate

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

For further information concerning this matter, please call:

Evelyn Looney

Name of Contact Person

at (561) 533 5303

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A3A Insurance Services Int, Inc.
2. The principal office address: 8144 Okeechobee Blvd.
WPB FL 33411
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/3/13 Document number: P13000081425

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)

Darryl Hill, Pres
8144 Okeechobee Blvd
WPB FL 33411

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

Megan Luey, Pres
8144 Okeechobee Blvd
WPB FL 33411

P.O. Box NOT acceptable

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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.

Evelyn Looney
Signature of an officer or director

Evelyn Looney
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.

(P)
Signature of Registered Agent

11/4/2014
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
CR2E045 (03/12)