

P13000088838

(Requestor's Name)

(Address)

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(Business Entity Name)

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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pichard Insurance Agency, Inc
Name of Corporation

DOCUMENT NUMBER: P13000088838

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:

Catharine Q Morrison
Name of Contact Person

Pichard Insurance Agency, Inc.
Firm/Company

216 Office Plaza Drive
Address

Tallahassee FL 32301
City/State and Zip Code

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

For further information concerning this matter, please call:

Catharine Q Morrison at (850) 877 8029
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

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TALLAHASSEE, FL

**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: Pichard Insurance Agency, Inc.
2. The principal office address: 216 Office Plaza Drive
Tallahassee FL 32301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11-1-2013 Document number: P13000088838
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) Retired

Raleigh M. Wilcox
13617 Atlantic Blvd
Jacksonville FL 32225

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

Catharine Q Morrison
216 Office Plaza Drive
Tallahassee FL 32312

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TALLAHASSEE, FL

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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.

Catharine Q Morrison
Signature of an officer or director

Catharine Q Morrison, 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.

Catharine Q Morrison
Signature of Registered Agent

3-1-2023
Date

If signing on behalf of an entity:

Catharine Q Morrison
Typed or Printed Name

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