

P13D000093513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Essential Financial and Insurance Services
Name of Corporation

DOCUMENT NUMBER: P13000093513

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:

Alicia Alvarez
Name of Contact Person

Essential Financial and Insurance Services
Firm/Company

new: 1401 Sawgrass Corporate Pkwy #119
Address

SUNRISE FL 33323
City/State and Zip Code

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

old: 2200 North Commerce Pkwy, #200, Weston FL 33326
For further information concerning this matter, please call:

Alicia Alvarez at (954) 687-3769
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

old address: 2200 N. Commerce Pkwy
Suite 200
Weston FL 33326

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: Essential Financial and Insurance Services
2. The principal office address: 1401 Sawgrass Corporate Pkwy
#119 SUNRISE FL. 33323
3. The mailing address (if different): same
4. Date of incorporation/qualification: Nov 18-2013 Document number: P13000093513

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)

2200 North Commerce Pkwy
#200
Weston FL. 33326

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

1401 Sawgrass Corporate Pkwy
SUNRISE FL. 33323

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.

[Signature]
Signature of an officer or director

Gilda Alvarez
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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