

PN4000 022 330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

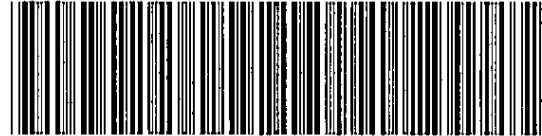
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600334406316

[illegible]

77-1000

09:50 SEP 16 1962

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-28-2001 BY 60322 UCBAW

13/07/2011

OCT 2 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Gen Insurance Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000022330

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:

Melissa Williams

Name of Contact Person

New Gen Insurance Services, Inc.

Firm/Company

3646 La Salle Ave

Address

St. Cloud, FL 34772

City/State and Zip Code

lissaanne719@yahoo.com

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

For further information concerning this matter, please call:

Melissa Williams

Name of Contact Person

at (407) 222-5822

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

1. The name of the corporation: New Gen Insurance Services, Inc.
2. The principal office address: 3646 La Salle Ave St. Cloud, FL 34772
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/11/2014 Document number: P14000022330

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)

Blake W. Williams

4601 Mildred Bass Road

St. Cloud, FL 34772

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

Blake W. Williams

3646 La Salle Ave

P.O. Box NOT acceptable

St. Cloud, FL 34772

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.

Melissa Williams
Signature of an officer or director

Melissa Williams, Secretary
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.

Blake Williams
Signature of Registered Agent

9/13/19

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