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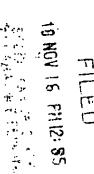
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COVER LETTER

TO: Amendment Section Division of Corporations

ASHFORD INSURANCE AGENCY, INC.

Name of Corporation

P1400054632

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:

SHIV S. NARAIN

Name of Contact Person

ASHFORD INSURANCE AGENCY, INC

Firm/Company

PO BOX 265

Address

GOTHA, FL. 34734

City/State and Zip Code

ASHFORDINSURANCEAGENCY@GMAIL.COM

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

For further information concerning this matter, please call:

SHIV S NARAIN

954 、296-100

Name of Contact Person

Area Code & Davtime 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

statement of che in orde	inge is submitted for a corporation or or to change its registered office or reg the corporation: ASHFORD INS	0502, 607.1508, or 617.1508, Florida ganized under the laws of the State of gistered agent, or both, in the State of SURANCE AGENCY, INC.	FLORIDA	
	office address: 239 COMMERO RDALE BY THE SEA, FL. 3		·	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 06/24/201	4Document number: P1400	00054632	
	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file wigned)	rith the	
	SHIV S NARAIN			
	239 COMMERCIAL BLV	200		
	LAUDERDALE BY THE S	SEA, FL. 33308	- The co	
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered of	· · · · · · · · · · · · · · · · · · ·	
	SHIV S NARAIN		8 R	
	12819 BUTLER BAY CT		PH 12: 85	
	WINDERMERE, FL. 3478	NOT acceptable		
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.				
	SHIV'S NARAIN, PRES.			
I hereby accept I further agree performance of agent On, if th	'mv duties, and I am familiar with an	tatutes relative to the proper and con a accept the obligation of my position reflect a change in the registered offic	nplete n as registered	
<u> </u>		11/05/2018		
	mature of Registered Agent	Date		
SHIV S NA	chalf of an entity:			
	yped or Printed Name			

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