

P14000057785

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T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Plus One Insurance INC
Name of Corporation

DOCUMENT NUMBER: 014000057785

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:

Joseph L Heard
Name of Contact Person

Plus One Insurance
Firm/Company

750 S. Orange Blossom Trail Suite #261
Address

Orlando, FL 32804
City/State and Zip Code

Joseph L Heard @ aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph L Heard at (407) 218-9668
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

**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: Plus One Insurance INC.
2. The principal office address: 750 S. Orange Blossom Trail
Suite #261
3. The mailing address (if different): 5764 South Texas Ave.
Apt #3 Orlando, FL 32839
4. Date of incorporation/qualification: 07/08/14 Document number: P146:00057785
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)

P. Joseph L Heard / 5764 South Texas Ave. Apt #3 Orl, FL 32839

- 750 South Orange Blossom Trail, Suite #261
Orlando, FL 32804
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stanley T. Bauens SR.
4282 Key Adam Dr. Jax, FL 32218
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.

Joseph L Heard
Signature of an officer or director

Joseph L Heard
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.

Stanley T. Bauens SR
Signature of Registered Agent

12/1/14
Date

If signing on behalf of an entity:

Joseph L Heard
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)

**CERTIFICATE OF CORPORATE RESOLUTION
AUTHORIZING ENTERPRISE PROJECT APPLICATION**

I, Shawn D. Bowers, President of Plus One Insurance Inc., organized and existing under the laws of Florida and having its principal place of business at Orlando, FL 32804, hereby certify that the following is a true copy of a resolution adopted by the Board of Directors of the Corporation at a meeting convened and held on Dec 7th at which a quorum was present and voting throughout and that such resolution is now in full force and effect and is in accordance with the provisions of the charter and by-laws of the Corporation.

RESOLVED: That the Corporation approves the Enterprise Project Application as was or will be submitted to Office of the Governor Economic Development and Tourism, Texas Economic Development Bank;

RESOLVED: That the _____ of the Corporation is hereby authorized to sign on behalf of the Corporation any contracts or forms for the Enterprise Project Application;

RESOLVED FURTHER: That the _____ are hereby authorized and directed to certify to any interested party that this resolution has been duly adopted, is in full force and effect, and is in accordance with the provisions of the charter and by-laws of the Corporation.

I further certify that this Corporation is duly organized and existing, and has the power to take the action called for by the foregoing resolution.

DIRECTORS

Stanley T. Bowers SR
President

12/1/14
Date

Joseph Z [Signature]
Vice President

12/1/14
Date

Secretary

Date

Treasurer

Date

Witness my hand seal of this corporation on this 1 day of 12 2014.
(month) (year)