

7/31/2018

P14000085684  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
INSULINNG POCT COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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18 AUG -1 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 02 2018

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

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: INSULINNG POCT COMPANY
2. The principal office address: 3030 N. ROCKY POINT DRIVE  
TAMPA, FL 33607
3. The mailing address (if different): 3030 N. ROCKY POINT DRIVE  
TAMPA, FL 33607
4. Date of incorporation/qualification: 10/17/14 Document number: P14000085684
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)  
Sunshine Corporate Filings LLC  
3030 N. Rocky Point Drive  
Tampa, FL 33607
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Registered Agents Inc.  
3030 N. Rocky Point Dr. STE 150A  
P.O. Box NOT acceptable  
Tampa FL 33607

18 AUG -1 AM 9:34  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

ROBERT PETER MICCARELLI  
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.

Bill Havre  
Signature of Registered Agent

7/24/18  
Date

If signing on behalf of an entity:

Bill Havre  
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)