

P14 0000 97378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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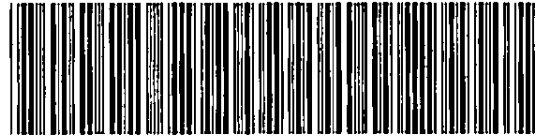
(Business Entity Name)

(Document Number)

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*Handwritten signature: R. H. Britton*

JAN 13 2022  
ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INSURANCE ENROLLMENT CENTER, INC  
Name of Corporation

**DOCUMENT NUMBER:** P14000087378

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:

Beatriz Sierra

Name of Contact Person

Firm/Company

10773 NW 58 ST #164

Address

DORAL, FL, 33178

City/State and Zip Code

beatrizsierra@live.com

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

For further information concerning this matter, please call:

Beatriz Ramirez Sierra

Name of Contact Person

at ( 786 )

313-3403

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Insurance Enrollment Center, Inc
2. The principal office address: 13255 SW 137 AVE, 212, MIAMI, FL, 33186 (NEW CORP ADDRESS)  
CHANGE PRINCIPAL CORPORATION ADDRESS
3. The mailing address (if different): 10773 NW 58 ST, 164, DORAL, FL, 33178
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P14000087378
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)

Beatriz Sierra (CHANGE LAST NAME and ADDRESS)

10773 NW 58 ST, 164, DORAL, FL, 33178

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

BEATRIZ RAMIREZ-SIERRA (NEW LAST NAME)

10933 SW 153 CT, MIAMI, FL, 33196 (New ADDRESS)

P.O. Box 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.

Beatriz Ramirez S.  
Signature of an officer or director

Beatriz Ramirez - Sierra PDT

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.*

Beatriz Ramirez S.  
Signature of Registered Agent

Beatriz Ramirez - Sierra PDT

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  
CR2E045 (04/13)