

P14000/01321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

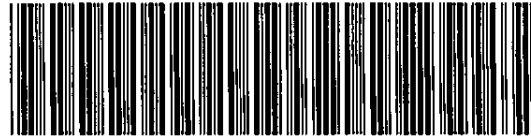
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000291641750

000291641750
11/01/16--01020--022 **35.00

NOV 02 2015

C. CARROTHERS

2016 NOV -1 AM 12:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 28, 2016

Order#: 349104/005

Re: MEDIGAP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA


**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: MEDIGAP, INC.
2. The principal office address: 14450 46th Street N, Suite 105, Clearwater, FL 33762
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/22/2014 Document number: P14000101321
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)
E-Telequote Insurance, Inc.
14450 46th Street N, Suite 105
Clearwater, FL 33762
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
Tallahassee P.O. Box NOT acceptable FL 32301

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 of an officer or director

Anthony Solazzo, President
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.

Corporation Service Company


Signature of Registered Agent

10/28/2016
Date

If signing on behalf of an entity:

Sylvia Queppet, Asst. Vice President
Typed or Printed Name

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