

P15000024665

(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



100277035511

09/18/15--01011--006 **35.00

FILED
15 SEP 18 AM 9:34

SEP 22 2015

C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vance Risk Consultants, INC
Name of Corporation

DOCUMENT NUMBER: P15000024665

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:

Derrick Vance

Name of Contact Person

Vance Risk Consultants, INC

Firm/Company

1196 Tree Swallow Dr Suite 1322

Address

Winter Springs, FL 32708

City/State and Zip Code

Derrick.Vance@Brightway.com

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

For further information concerning this matter, please call:

Derrick Vance

Name of Contact Person

at (407) 603-0202

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: Vance Risk Consultants, INC
2. The principal office address: 2870 Pewter Mist Ct Oviedo, FL 32765
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/16/2015 Document number: P1500024665
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)

Derrick Vance

2870 Pewter Mist CT

Oviedo, FL 32765

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

Derrick Vance

1196 Tree Swallow Drive Suite 1322

P.O. Box NOT acceptable

Winter Springs, FL 32708

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.

Derrick Vance

Signature of an officer or director

Derrick Vance, 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.

Derrick Vance

Signature of Registered Agent

9-15-15

Date

If signing on behalf of an entity:

Derrick Vance

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