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Office Use Only



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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Insurance by Megan, Inc.

Name of Corporation

DOCUMENT NUMBER:

P15000068540

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:

Megan Brown

Name of Contact Person

Insurance by Megan, Inc.

Firm/Company

4701 N. Federal Hwy Suite 450

Address

Pompano Beach, FL 33064

City/State and Zip Code

megan.brown@weinsuregroup.com

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

For further information concerning this matter, please call:

Megan Brown

.954 (642-

Name of Contact Person

Area Code & Daytime Telephone Number

ادار مع

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

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 by Megan, Inc
2. The principal office address: 4701 N. Federal Hwy Suite 450, Pompano Beach, FL 33064
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/13/2015 Document number: P15000068540
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)
Megan N. Brown
2211 E. Sample Rd Suite 103-104
Lighthouse Point, FL 33064
2211 E. Sample Rd Suite 103-104 Lighthouse Point, FL 33064 6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed): 4701 N. Federal Hwy Suite 450
4701 N. Federal Hwy
- Carto Too
P.O. Box NOT acceptable Pompano Beach, FL 33064
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.
Megan Brown - 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.
MODUL 10/26/2015
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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