

P16000004920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

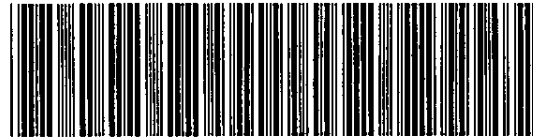
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300303158473

11/13/17--01014--020 **35.00

RECEIVED
FEBRUARY 13 2018
TALLAHASSEE, FLORIDA

NOV 13 P 2 33

FILED

NOV 14 2017
T. LEMMON

RAND

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MK Insurance Inc.

Name of Corporation

P16000004920
DOCUMENT NUMBER: _____

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:

Lisandra Saborit

Name of Contact Person
MK Insurance Inc.

Firm/Company
3923 Lake Worth Rd, Suite 211

Address
Lake Worth, FL 33461

City/State and Zip Code
Lisandra@MKinsurance.us

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

For further information concerning this matter, please call:

Lisandra Saborit 561 814-5919

Name of Contact Person at ()
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: MK Insurance Inc.
2. The principal office address: 3923 Lake Worth Rd, Suite 211, Lake Worth, FL 33461
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/14/16 Document number: P16000004920

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)

Resigned

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

Lisandra Saborit

3923 Lake Worth Rd, Suite 211, Lake Worth, FL 33461

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.

[Signature]
Signature of an officer or director

Lisandra Saborit, CFO

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.

[Signature]
Signature of Registered Agent

10/17/17
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 (03/12)