

P16 00000 62505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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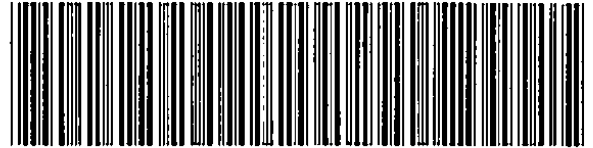
(Business Entity Name)

(Document Number)

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2019 SEP -8 A 14 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 08 2018

T. LEMIEUX

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atwood Insurance Group, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P16000062505

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:

Paul T. Harvey

Name of Contact Person

Atwood Insurance Group, Inc.

Firm/Company

6250 Kipps Colony Ct. S., #302

Address

Gulfport, FL 33707

City/State and Zip Code

pharvey@outlook.com

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

For further information concerning this matter, please call:

Paul T. Harvey

Name of Contact Person

at ( 727 ) 515-9155

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2019

PAUL T HARVEY  
6250 KIPPS COLONY CT S #302  
GULFPORT, FL 33707

SUBJECT: ATWOOD INSURANCE GROUP, INC.  
Ref. Number: P16000062505

We have received your document for ATWOOD INSURANCE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 719A00017190

RECEIVED

2019 SEP -3 PM 2:08

**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: Atwood Insurance Group, Inc.
2. The principal office address: 6250 Kipps Colony Ct. S. #302
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/26/2016 Document number: P16000062505

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)

UNITED STATES CORPORATION AGENTS, INC.

5575 S. SEMORAN BLVD SUITE 36

ORLANDO, FL 32822

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

Paul T. Harvey

6250 Kipps Colony Ct S, #302

P.O. Box NOT acceptable

Gulfport, FL 33707

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.

Paul T. Harvey  
Signature of an officer or director

Paul T. Harvey

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.

Paul T. Harvey  
Signature of Registered Agent

Paul T. Harvey

Date

If signing on behalf of an entity:

Paul T. Harvey

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