

P17000000270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

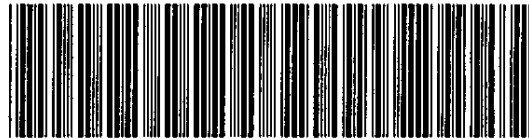
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800300337598

06/15/17--01010--001 **35.00

FILED
2017 JUN 15 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN 19 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blankit Insurance Group Inc.

Name of Corporation

DOCUMENT NUMBER: P17000000270

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:

Christopher J. Orletski

Name of Contact Person

Blankit Insurance Group Inc.

Firm/Company

1211 Tech Blvd. Suite 124

Address

Tampa, FL 33619

City/State and Zip Code

ChrisO@myblankit.com

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

For further information concerning this matter, please call:

Chris Orletski

Name of Contact Person

at (855) 692-5265x101

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: Blankit Insurance Group Inc.
2. The principal office address: 1211 Tech Blvd. Suite 124
Tampa, FL 33619
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/29/2016 Document number: P17000000270

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)

Mikel Ecenarro

10475 Riverside Dr. Suite 9

Palm Beach Gardens, FL 33410

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

Christopher J. Orletski

1211 Tech Blvd. Suite 124

P.O. Box NOT acceptable

Tampa, FL 33619

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

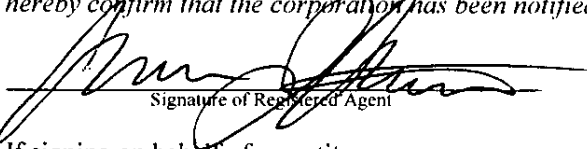
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Christopher Orletski - 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.


Signature of Registered Agent

06/12/2017

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)

FILED
2017 JUN 15 PM 12:42
SEAL OF THE
STATE OF FLORIDA
TALLAHASSEE, FL