# P17000070326

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WIESON OF CORPORATION
19 NOV 25 AM II: 58

RA Change

D CUSHING



November 21, 2019

To Whom It May Concern,

Please return a filed copy of the Change of Agent for Waveling Insurance Services, Inc..: Document Number P17000070326 to me at any of the below options:

## April@vcorpservices.com

#### And/or

Vcorp Services, LLC 25 Robert Pitt Drive, Suite 204 Monsey, NY 10952 Attn: April Adamkovich

## And/or

Fax to: 845-818-3588

Thank you for all of your courtesies.

Sincerely,

April Adamkovich

Compliance Specialist Vcorp Services, LLC

IN HOV 25 AMIL: 58

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida	
	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: WAVELING INSURANCE SERVICES, INC.	
2. The principa	al office address: 55 Second Street, Suite 1500, San Francisco, CA 941	05
3. The mailing	address (if different):	
4. Date of incom	orporation/qualification: 8/22/2017 Document number: P17000070326	
	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	Meenan PA	
	300 SOUTH DUVAL STREET 410	
	TALLAHASSEE, FL 32301	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	)3S
	Vcorp Services, LLC	
	5011 South State Road 7, Suite 106	
	P.O. Box NOT acceptable  Davie, FL 33314	77 98 A
The street addr	ري ress of its registered office and the street address of the business office of its registered ager	1015
Such change w authorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signati	Matthew Plank, President  The Printed or typed name and title	
I hereby accept I further garee	of the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I are the corporation has been notified in writing of this change.	
Ato	11-17-19	
	ignature of Registered Agent Date	
	chalf of an entity:	
	lazzo, Assistant Secretary 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 \* \* \*