Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000291458 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE VANGUARD PUBLIC ADJUSTERS INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
	he corporation: VANGUARD PUBLIC ADJUSTERS INC.	
2. The principal		
3. The mailing a	ddress (if different):	_
4. Date of incorp	poration/qualification: 09/05/17 Document number: P17000073968	
	street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)	
	Lopez, Anthony- Marin, Eljaiek, Lopez & Martinez, P.L.	
	2601 South Bayshore Drive 18th Floor	
	Coconut Grove, FL 33133	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	Northwest Registered Agent LLC	•
	Northwest Registered Agent LLC  7901 4th St N STE 300  282 292 293 293 294 295 296 297 297 298 298 298 298 298 298 298 298 298 298	,
	St. Petersburg FL 33702	; }
The street addre	ess of its registered office and the street address of the business office of its registered gent, be identical.	•
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
	ge Quintero George Quintero, President Printed or typed name and title	
I further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
Ton Gl	8/29/22	
Sig	nature of Registered Agent Date	
If signing on be	half of an entity:	
Tom Glove		
t;	yped 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 (04/13)