

P18000026619

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rlips@PARASEC.com

REGISTERED AGENT CHANGE  
MICHAEL LUGRAND INSURANCE COMPANY

Certificate of Status	0
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**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.

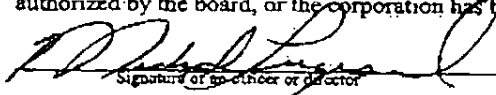
- 1. The name of the corporation: MICHAEL LUGRAND INSURANCE COMPANY
- 2. The principal office address: 2974 W FONTANA CT ROYAL PALM BEACH, FL 33411
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 03/19/2018 Document number: P18000026619
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LEGALING CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS BLVD STE 400  
FORT MYERS FL 33907

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- ROCKET LAWYER CORPORATE SERVICES LLC  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
P.O. Box NOT acceptable  
TALLAHASSEE FL 32301

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 officer or director

Michael Lugrand, 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.*

L. Herrera Leticia Herrera 03/27/2019  
 Signature of Registered Agent Date  
 Asst. Secretary

If signing on behalf of an entity:

ROCKET LAWYER CORPORATE SERVICES LLC  
 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

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