

PI8 0000 34398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

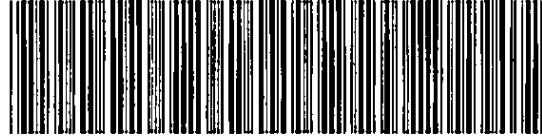
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

A. Butler
10/1/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Manatee Insurance Inc
Name of Corporation

DOCUMENT NUMBER: P18000034398

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:

Khara Schauer

Name of Contact Person

North Manatee Insurance Inc

Firm/Company

407 48th St W

Address

Palmetto, FL 34221

City/State and Zip Code

khara.schauer@weinsuregroup.com

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

For further information concerning this matter, please call:

Khara Schauer

at (941) 704-5257
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

2. The principal office address: 1335 10th St E Suite E Palmetto, FL 34221

4. Date of incorporation/qualification: 04/12/2018 Document number: P18000034398

William C Konecny

Palmetto, FL 34221

Khara Schauer

1335 10th St E, Suite E

P.O. Box NOT acceptable

Palmetto, FL 34221

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.

Khara Schauer, 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.

$$9 \mid 15 \mid 21$$

Date _____

If signing on behalf of an entity:

Typed or Printed Name _____

*** * * FILING FEE: \$35.00 * * ***

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)