

PI 80000 46748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

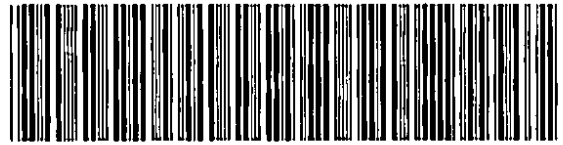
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/20/18--01012--015 **35.00

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

ERIKA HERNANDEZ
JCO INSURANCE GROUP, INC.
11890 SW 8TH STREET, SUITE 201
MIAMI, FL 33184

SUBJECT: JCO INSURANCE GROUP, INC.
Ref. Number: P18000046748

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 118A00015197

RECEIVED
18 AUG 27 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JCO Insurance Group, Inc.

Name of Corporation

DOCUMENT NUMBER: P18000046748

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:

Erika Hernandez

Name of Contact Person

JCO Insurance Group, Inc.

Firm/Company

11890 SW 8th Street, Suite 201

Address

Miami, FL 33184

City/State and Zip Code

erika@jcoinsurancegroup.com

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

For further information concerning this matter, please call:

Erika Hernandez

Name of Contact Person

at (**305**) **2054359**

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: JCO Insurance Group, Inc.
2. The principal office address: 11890 SW 8th Street Suite 201, Miami FL 33184

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/21/2018 Document number: P18000046748

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)

N/A Hernandez, Erika
5401 SW 144 Ave
Miami FL 33175

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

11890 SW 8th Street

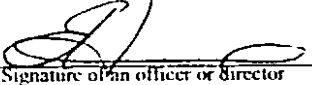
Suite 201

P.O. Box NOT acceptable

Miami, FL 33184

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

Erika Hernandez, 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

7/17/2018

Date

If signing on behalf of an entity:

Erika Hernandez

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)

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18 AUG 27 AM 2:19
TALLAHASSEE, FLORIDA