

P19000089264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

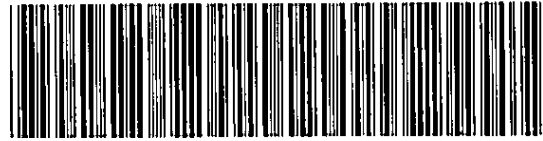
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800373854598

09/27/21--01008--002 **35.00

SECRET
TALL/MASSEE, FL

2021 SEP 27 AM 10:36

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tier One Public Adjusters, Inc.
Name of Corporation

DOCUMENT NUMBER: P19000089264

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:

Michele L Addison

Name of Contact Person

Tier One Public Adjusters, Inc.

Firm/Company

PO Box 136212

Address

Clermont, FL 34713

City/State and Zip Code

TierOnePA@gmail.com

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

For further information concerning this matter, please call:

Michele L Addison

Name of Contact Person

at (352) 217-0564
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

**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: Tier One Public Adjusters, Inc.
2. The principal office address: 3636 Briar Run Dr Clermont, FL 34711
3. The mailing address (if different): PO Box 136212
4. Date of incorporation/qualification: 11/18/2019 Document number: P19000089264
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)

Michele L Addison

16462 Glassy Loch Loop

Clermont, FL 34714

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

Michele L Addison

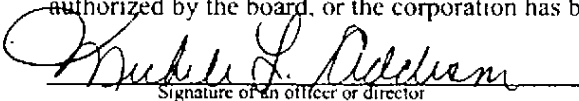
3639 Briar Run Dr

P.O. Box NOT acceptable

Clermont, FL 34711

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

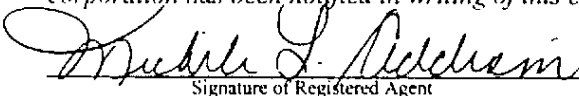
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Michele L Addison - CEO

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

9/23/2021

Date

If signing on behalf of an entity:

Michele L Addison

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 (04/13)

FILED
2021 SEP 27 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FL