

Pa1000081726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

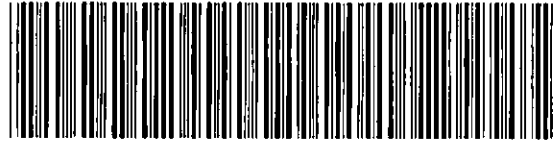
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AL BOURDEAU INSURANCE SERVICE OF FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: P21000081726

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:

Robert Figa

Name of Contact Person
Dean & Fulkerson, P.C.

Firm/Company
100 West Big Beaver Rd., Ste. 650

Address
Troy, MI 48084

City/State and Zip Code
RFiga@DFLaw.com

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

For further information concerning this matter, please call:

Robert J. Figa at (248) 362-1300
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

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: AL BOURDEAU INSURANCE SERVICE OF FLORIDA, INC.
 2. The principal office address: 8571 woodbriar Drive, Sarasota, FL 34238.

3. The mailing address (if different): 3835 Davison Rd, Flint, MI 48506

4. Date of incorporation/qualification: 09/15/2021 Document number: P21000081726

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)

Trista R. Kolcz
4822 OCEAN BLVD., 6C
SIESTA KEY, FL 34242

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

Trista R. Kolcz
8571 woodbriar Drive
Sarasota, FL 34238

P.O. Box NOT acceptable

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.

DocuSigned by: 8/13/2024
roberth@albourdeau.com Robert H. Bourdeau, Co-President
 Signature of an officer or director 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.

Signed by: Trista R. Kolcz tristab@albourdeau.com 8/13/2024
 Signature of Registered Agent Date

If signing on behalf of an entity:

Trista R. Kolcz
 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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