

P940000014037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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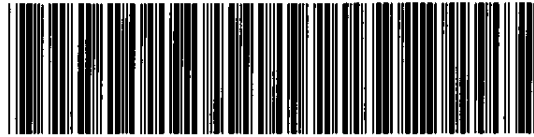
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
16 DEC 27 AM 9:22

JAN 03 2017

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AFFORDABLE CARRIER SOLUTIONS, INC.
Name of Corporation

DOCUMENT NUMBER: P94000014037

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:

BARRY NIERENGARTEN
Name of Contact Person

AFFORDABLE CARRIER SOLUTIONS, INC.
Firm/Company

8994 SEMINOLE BLVD #1
Address

SEMINOLE FL 33772
City/State and Zip Code

BARRYN@AFFORDABLECARRIER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRY NIERENGARTEN at (727) 392-9563
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
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: AFFORDABLE COVERER SOLUTIONS, INC.
2. The principal office address: 8994 SEMINOLE BLVD #1
SEMINOLE, FL 33772
3. The mailing address (if different): PO BOX 7286
SEMINOLE, FL 33775
4. Date of incorporation/qualification: 2-17-94 Document number: P94000014037
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)
JOHN L. MALONEY
3862 CENTRAL AVE
ST. PETE FL 33711

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

BARRY NIERENGARTEN
8994 SEMINOLE BLVD #1
P.O. Box NOT acceptable
SEMINOLE FL 33772

16 DEC 27 AM 9:22
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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]
Signature of an officer or director

FRANK MIAZGA 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]
Signature of Registered Agent

12-14-16
Date

If signing on behalf of an entity:

Typed or Printed Name

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