

P94000038399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

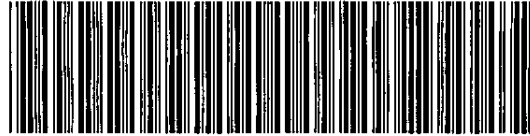
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900274266279

07/20/15--01024--002 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL 20 PM 1:25

JUL 21 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INS BROKERS, INC dba VIATEK SOLUTIONS
Name of Corporation

DOCUMENT NUMBER: P94000038399

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:

MARK CARDAMONE

Name of Contact Person

INS BROKERS, INC dba VIATEK SOLUTIONS

Firm/Company

11399 47th STREET NORTH

Address

CLEARWATER, FL 33762

City/State and Zip Code

CRAMIREZ@VIATEKSOLUTIONS.COM

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

For further information concerning this matter, please call:

CHARLYNN RAMIREZ

Name of Contact Person

at (**813**) **217-4646 X209**

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

14301
7/16/15

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: INS BROKERS, INC
2. The principal office address: 11399 47th STREET NORTH, CLEARWATER, FL 33762

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/12/1994 Document number: P94000038399

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)

LOFTIN, BRIAN J
5206 EAGLE TRAIL DRIVE
TAMPA, FL 33634

TAMPA, FL 33634

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL 20 PM 1:25

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

MARK CARDAMONE

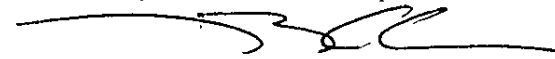
11399 47th STREET NORTH

P.O. Box NOT acceptable

CLEARWATER, FL 33762

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

MARK CARDAMONE

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.

(same)

Signature of Registered Agent

7/13/15

Date

If signing on behalf of an entity:

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)