

P95000020946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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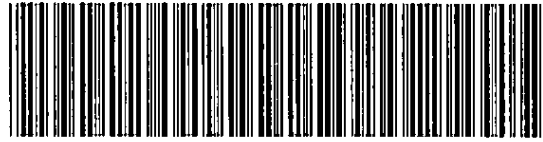
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUN 04 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A TWIN PEAKS INSURANCE, INC.

Name of Corporation

DOCUMENT NUMBER: P95000020946

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:

TIFFANIE NOVOSEL

Name of Contact Person

A TWIN PEAKS INSURANCE, INC.

Firm/Company

225 SW 33RD STREET, SUITE A

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

ATWINPEAKS@AOL.COM

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

For further information concerning this matter, please call:

TIFFANIE NOVOSEL

Name of Contact Person

at (954) 791-5007

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: A TWIN PEAKS INSURANCE, INC.
2. The principal office address: 225 SW 33RD STREET, SUITE A, FORT LAUDERDALE, FL 33315

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/15/1995 Document number: P95000020946

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)

TIFFANIE NOVOSEL

3677 DAVIE BLVD

FORT LAUDERDALE, FL 33312

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

TIFFANIE NOVOSEL

225 SW 33RD STREET, SUITE A

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33312

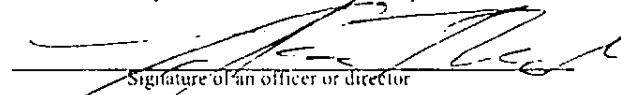
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

TIFFANIE NOVOSEL

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

05/20/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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