

P9500077880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

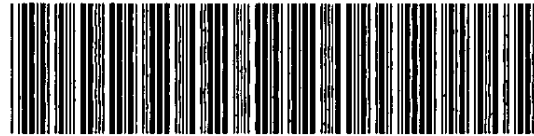
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Change
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILLIAMS AND STAZZONE INSURANCE Agency, Inc
(Name of Corporation)

DOCUMENT NUMBER: P95000077880

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:

MATTHEW J. MONAGHAN
(Name of Contact Person)

HOWZE, MONAGHAN, THURAC & KRAMER, PLC
(Firm/Company)

96 WILLARD ST., STE 302
(Address)

COCOA, FL 32922
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY K. HARTSON at (321) 639-1320 EXT 247
(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: WILLIAMS AND STAZZONE INSURANCE AGENCY, Inc
2. The principal office address: 99 N. ATLANTIC AVE. COCOA BEACH, FL
32931
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/11/1995 Document number: P95000077880

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ROBERT W. WILLIAMS
99 N. ATLANTIC AVE
COCOA BEACH, FL 32931

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

JOSEPH STAZZONE
99 N. ATLANTIC AVE
(P.O. Box NOT acceptable)
COCOA BEACH, FL 32931

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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.

Joseph Stazzone
(Signature of an officer or director)

JOSEPH STAZZONE
(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.

Joseph Stazzone
(Signature of Registered Agent)

JUNE 26, 2008
(Date)

If signing on behalf of an entity:

JOSEPH STAZZONE
(Typed or Printed Name)

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