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COVER LETTER

TO: Amendment Section Division of Corporations

Petree Insurance Serices, Inc

Name of Corporation

DOCUMENT NUMBER: P96000002773

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:

Jason Lapaglia

Name of Contact Person

Petree Insurance Services

Firm/Company

1515 N University Dr Suite 205D

Address

Coral Springs, FL 33071

City/State and Zip Code

insuranceman17@aol.com

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

For further information concerning this matter, please call:

Jason Lapaglia

____at (<u>9</u>54

255-2600

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

1. The name of the corporation: Petree Insurance Services, Inc 2. The principal office address: 1515 N University Dr suite 205D, Coral Springs, FL 33071 3. The mailing address (if different): 4. Date of incorporation/qualification: 11/01/1995 Document number: P96000002773 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) Roy Petree 1515 N University Dr Suite 205D Coral Springs, FL 33071 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jason Lapaglia 1515 N University Dr Suite 205D PO. Box NOT acceptable Coral Springs, FL 33071 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 bodyft or the corporation has been notified in writing of the change. Jereby accept the appointment as registered agent and agree to act in this capacity. I further agree to campily with the provisions of all statutes relative to the proper and complete general compily with the provisions of all statutes relative to the proper and complete general or another with and accept the obligation of my position as registered performance of mornity with the provisions of all statutes relative to the proper and complete general or in this change. O7/08/2019 Date If signing on hehalf of an cntity: Jason Lapaglia Typed or Printed Name	siatement of ci	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.
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lason Lapaglia	Signing on Late	Date
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)