

P9600000 2773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

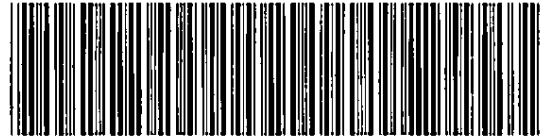
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900331915959

07/12/19--01008--015 \*\*35.00

FILED  
19 JUL 12 PM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUL 20 2019  
S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: 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

Name of Contact Person

at ( 954 ) 255-2600

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: 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

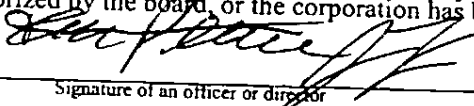
1515 N University Dr Suite 205D

P.O. 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.

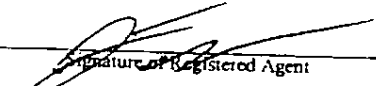
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jason Lapaglia

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

07/08/2019

Date

If signing on behalf of an entity:

Jason Lapaglia

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)