

P96000052116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

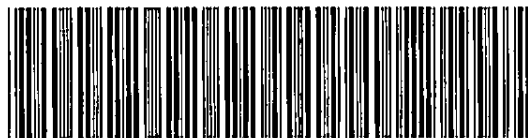
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600303035686

09/05/17--01029--007 **35.00

FILED
2017 SEP -5 AM 11:52
SEC. 11.1, 11.2, 11.3
FALL 2017, 2018, 2019

Rolch8

SEP 13 2017

LA BRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Doug Mayer Insurance Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: P96000082116

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:

Doug Mayer

Name of Contact Person

Doug Mayer Insurance Agency, Inc.

Firm/Company

620 Capri Blvd.

Address

Treasure Island, FL 33706

City/State and Zip Code

dougmayer2017@gmail.com

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

For further information concerning this matter, please call:

Doug Mayer

Name of Contact Person

at (727) 410 7365

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Doug Mayer Insurance Agency, Inc.
2. The principal office address: 620 Capri Blvd. Treasure Island, FL 33706
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Oct 3, 1994 Document number: P96000082116
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)

Douglas J Mayer
5737 9th Ave No.
St. Petersburg, FL 33710

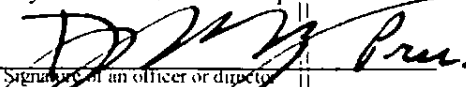
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Douglas J Mayer
620 Capri Blvd.
Treasure Island, FL 33706


P.O. Box NOT acceptable

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.

 Douglas J Mayer, President
Signature of an officer or director 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.

 August 31, 2017
Signature of Registered Agent Date

If signing on behalf of an entity:

DOUGLAS J. MAYER
Typed or Printed Name

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

FILED
2017 SEP -5 AM 11:52
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE