

P97000009388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 05 2015  
T. LEMMON  
A20

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Central Florida Insurance Agency of Orlando Inc  
Name of Corporation

DOCUMENT NUMBER 097000009388

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:

Tina Sydnor  
Name of Contact Person

Central Florida Insurance Agency of Orlando Inc.  
Firm/Company

501 Laika Rd.  
Address

Palm Bay FL 32908  
City/State and Zip Code

SydnorTina@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Sydnor at (321) 261-6471  
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

CR2E045 (03/12)

\*Also I need the word "owner" changed to ~~president~~  
"president" Next to my name Tina Sydnor

**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: Central Florida Insurance Agency of Orlando Inc  
2. The principal office address: 501 Laika RD Palm Bay FL 32908  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 4/22/15 Document number: p97000009388  
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)

Michael Joseph Sydnor  
2592 Tansboro Dr  
Deltona, FL 32725

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

Tina R Sydnor  
501 Laika RD Palm Bay FL 32908  
P.O. Box NOT acceptable

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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.

Tina Sydnor  
Signature of an officer or director

Tina Sydnor  
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.

Tina Sydnor  
Signature of Registered Agent

4/22/15  
Date

If signing on behalf of an entity:

Tina Sydnor  
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