

P98000009512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SEP 29 PM 3:59
TALLAHASSEE, FL 32301

R0/chg

SEP 29 2017

1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Suncoast Insurance Agency, Inc.
Name of Corporation

DOCUMENT NUMBER: P 9800000 9512

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:

Emmanuel Petit
Name of Contact Person

Suncoast Insurance Agency, Inc.
Firm/Company

1402 Royal Palm Beach Blvd, Bldg 700
Address

Royal Palm Beach, FL 33411
City/State and Zip Code

epetit153@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emmanuel Petit at (561) 358 7283
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2017

EMMANUEL PETIT
SUNCOAST INSURANCE AGENCY, INC.
1402 ROYAL PALM BEACH BLVD - BLDG 700
ROYAL PALM BEACH, FL 33411

SUBJECT: SUNCOAST INSURANCE AGENCY, INC.
Ref. Number: P98000009512

We have received your document for SUNCOAST INSURANCE AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 217A00019149

RECEIVED
17 SEP 29 PM 1:02
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Suncoast Insurance Agency, Inc
2. The principal office address: 1402 Royal Palm Beach Blvd, Bldg 700
Royal Palm Beach, FL 33411
3. The mailing address (if different): P.O. BOX 211592
Royal Palm Beach, FL 33421
4. Date of incorporation/qualification: 1/29/1998 Document number: P98000009512
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)

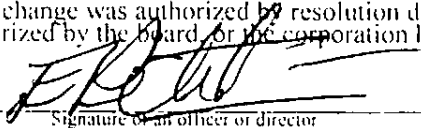
Emmanuel Petit
2393 S. Congress Ave Suite 200
West Palm Beach, FL 33406

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

Emmanuel Petit
1402 Royal Palm Beach Blvd, Bldg 700
P.O. Box NOT acceptable
Royal Palm Beach, FL 33411


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

Emmanuel Petit
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

9/16/17
Date

If signing on behalf of an entity:

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)

FILED
2017 SEP 29 PM 3:58
TALLAHASSEE, FL
SUNCOAST INSURANCE AGENCY, INC.
P.O. BOX 211592
ROYAL PALM BEACH, FL 33421