

P98000085442

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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04 JUN 18 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Re Change

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comprehensive Insurance Solutions, Inc.
(Name of corporation)

DOCUMENT NUMBER: PC180000385442

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:

Marion E. Brooks
(Name of person)

Comprehensive Insurance Solutions, Inc.
(Name of firm/company)

1003 Hwy 173 - 127 Miracle Strip Pkwy Ste N7
(Address)

Graceville, FL 32440 Fort Walton Beach, FL 32548
(City, state and zip code)

For further information concerning this matter, please call:

marion E. Brooks at (850) 243-5604
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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: Comprehensive Insurance Solutions, Inc.
2. The principal office address: 1003 Hwy 173 127 Miracle Strip Pkwy
Grovesville, FL 32440 Fort Walton Beach, FL 32548
3. The mailing address (if different): _____

4. Date of incorporation qualification: 10/5/1998 Document number: P98000085442
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Arden J. Lea
102 A miracle strip Pkwy SW
Fort Walton Beach, FL 32548

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

Arden J. Lea
The Plaza Suite 209 4507 Furber Ln.
Destin, FL 32541
(P.O. Box or personal mailbox 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

(Signature of an officer or director)

Janice Foster Broome
(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.

Arden J. Lea
(Signature of Registered Agent)

4/30/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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