

P98 000 103206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

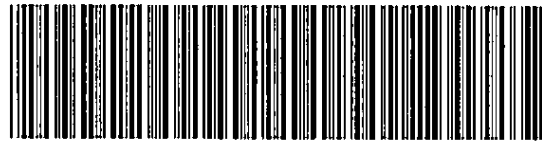
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Bill Shaddix Agency, Inc.

Name of Corporation

DOCUMENT NUMBER: P98000103206

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:

William A Shaddix

Name of Contact Person

Bill Shaddix Agency, Inc.

Firm/Company

4880 Donald Ross Rd Ste 115

Address

Palm Beach Gardens FL 33418

City/State and Zip Code

billshaddix@allstate.com

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

For further information concerning this matter, please call:

William A Shaddix

Name of Contact Person

at ( 561 ) 694-0087

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: Bill Shaddix Agency, Inc.
2. The principal office address: 4880 Donald Ross Rd Ste 115  
Palm Beach Gardens FL 33418
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 12/09/1998 Document number: P98000103206

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)

William A Shaddix

700 Village Square Crossing Ste 102A

Palm Beach Gardens FL 33410

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

William A Shaddix

4880 Donald Ross Rd Ste 115

P.O. Box NOT acceptable

Palm Beach Gardens FL 33418


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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.

  
Signature of an officer or director

William A Shaddix, President

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

05/17/2019

Date

If signing on behalf of an entity:

William A Shaddix

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)