

P99000034819

Requestor's Name

Randi Fischer
Insurance Verification Services, Inc.
785 Verona Lake Drive
Weston, FL 33326

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-09/09/99-01023-003
*****87.50 *****43.75

FILED
99 SEP -9 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge 9-17-99

Examiner's Initials

LFJ



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 30, 1999

Randi Fischer
Insurance Verification Services, Inc.
785 Verona Lake Drive
Weston, FL 33326

SUBJECT: INSURANCE VERIFICATION SERVICES, INC.
Ref. Number: P99000034819

We have received your document for INSURANCE VERIFICATION SERVICES, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your check was not signed. As the fee to file an amendment and registered agent change and obtain a certified copy is \$43.75 per filing, please return a check made payable to the Florida Department of State in the amount of \$87.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne
Senior Section Administrator

Letter Number: 099A00043239

FILED

99 SEP -9 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0502, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Insurance Verification Services, Inc.

2. The mailing address of the corporation is:

785 Verona Lake Drive
Weston, Florida 33326

3. The date of incorporation is April 15, 1999, Document No. P99000034819

4. The name and address of the current registered agent and office is:

Ury Fischer
785 Verona Lake Drive
Weston, Florida 33326

5. The name and address of the new registered agent and office is:

Randi J. Fischer
785 Verona Lake Drive
Weston, Florida 33326

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.

R. J. Fischer 8/24/99
Randi J. Fischer, President Date

Having been named as registered agent and to accept service of process for the above corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

R. J. Fischer 8/24/99
Randi J. Fischer Date