

V10911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

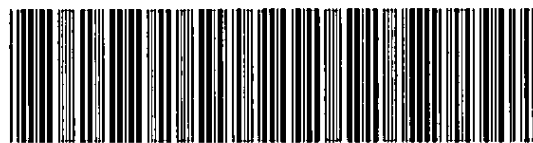
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EVEREST INSURANCE CONCEPTS, INC.
Name of Corporation

DOCUMENT NUMBER: V10911

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:

Rochelle Friedman Walk, Esq.

Name of Contact Person

AEGIS Law

Firm/Company

100 S. Ashley Dr. Ste. 620

Address

Tampa, FL 33602

City/State and Zip Code

abeles@everestventure.net

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

For further information concerning this matter, please call:

Rochelle Friedman Walk, Esq.

Name of Contact Person

at (813)

999-0199

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

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DEPT OF STATE
DIVISION OF CORPORATIONS

**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: EVEREST INSURANCE CONCEPTS, INC.
2. The principal office address: 701 S.Howard Avenue, Ste 106
Tampa, FL 33606
3. The mailing address (if different): 701 S.Howard Avenue, Ste 106 Box 499 Tampa, FL 33606
4. Date of incorporation/qualification: 02/03/1992 Document number: V10911
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)

MCNAMARA, THOMAS P, ESQ

2907 BAY TO BAY BLVD, STE 201

TAMPA, FL 33629

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

AEGIS Law

100 S Ashley Dr Ste 620


P.O. Box NOT acceptable

Tampa, FL 33602


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


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

12/2/19

Date

If signing on behalf of an entity:

Rochelle Friedman Walk, Esq.

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 (04/13)

19 DEC -3 PM 4:4

REC
DIVISION OF CORPORATIONS
STATE OF FLORIDA