

P09000047727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

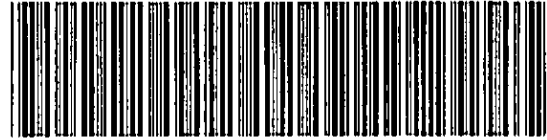
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/19/23--01018--004 **35.00

2023 JAN 19 PM 2:00

FILED

2023
JAN 22 2023



CT Corporation
28 Liberty St.
New York, NY 10005

Phone (212) 894 8940
www.ct.wolterskluwer.com
www.wolterskluwer.com

January 18, 2023

Department of State - Division of Corporations
Amendment Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: AQUATIC CREATIONS, INC.
COMMERCIAL PROPERTY SERVICES, INC.
GLOBAL PROTECTION PLAN, INC.
INSURCO INSURANCE AND FINANCIAL SERVICES, INC.
MORSE OPERATIONS, INC.

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named companies. Please be advised that the agent for service of process has been changed to: C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter per entity, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed are our checks for \$35.00 per entity to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

A handwritten signature in black ink, appearing to read "Marie Hauer".

Marie Hauer
Agent Services Division
marie.hauer@wolterskluwer.com

Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INSURCO INSURANCE AND FINANCIAL SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: P09000047727

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:

Marie Hauer

Name of Contact Person

C T Corporation System

Firm/Company

28 Liberty St.

Address

New York, NY 10005

City/State and Zip Code

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

For further information concerning this matter, please call:

Marie Hauer

Name of Contact Person

at (212) 894-8940

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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: INSURCO INSURANCE AND FINANCIAL SERVICES, INC.
- 2. The principal office address: 2850 SOUTH FEDERAL HIGHWAY, DELRAY BEACH, FL 33483
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 06/01/2009 Document number: P09000047727
- 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)

CORPDIRECT AGENTS
1200 South Pine Island Road
Plantation, FL 33324


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

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

2023 JAN 19 PM 2:00

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

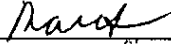
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

Dennis MacInnes, Secretary Treasurer
 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.

C T Corporation System

By: 
 Signature of Registered Agent

1/18/23
 Date

If signing on behalf of an entity:

MARIE HAUER
 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)