

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 334855

Entity Name: JM INSURANCE AGENCY PARTNERS, INC.

FILED
May 22, 2023
Secretary of State
5987258997CC

Current Principal Place of Business:

1120 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Current Mailing Address:

1120 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

FEI Number: 59-1219972

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOCHEN, GREG
1120 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GREG SOCHEN

05/22/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name SCOTT, MURPHY
Address 1120 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

Title COO
Name MIKE, ALEXANDER
Address 1120 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

Title CFO
Name SUMIT, DANGI
Address 1120 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name STEVEN, WEXLER
Address 1120 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name CARRIE, VOLP
Address 1120 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name MARK, WILSON
Address 1120 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

Title ASST. SECRETARY
Name BRIAN, DOUGHERTY
Address 1120 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

Title ASST. SECRETARY
Name KRISTA, PETERSON
Address 1120 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREG SOCHEN

ASSISTANT SECRETARY 05/22/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name GREG, SOCHEN
Address 1120 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134