

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09000084849

Entity Name: FOUR POINTS INSURANCE, INC.

Current Principal Place of Business:

9657 NW SOUTH RIVER DR. SUITE 1
MEDLEY, FL 33166

Current Mailing Address:

9657 NW SOUTH RIVER DR. SUITE 1
MEDLEY, FL 33166 US

FEI Number: 27-1104733

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RIZO-MEDINA, YOHAMA M
9657 NW SOUTH RIVER DR. SUITE 1
MEDLEY, FL 33166 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: YOHAMA RIZO-MEDINA

02/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name RIZO, IVAN
Address 9657 NW SOUTH RIVER DR SUITE 1
City-State-Zip: MEDLEY FL 33166

Title VP
Name RIZO-MEDINA, YOHAMA M
Address 9657 NW SOUTH RIVER DR SUITE 1
City-State-Zip: MEDLEY FL 33166

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: YOHAMA RIZO-MEDINA

VP

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date