

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000030025

Entity Name: LEXCORP INSURANCE INC

Current Principal Place of Business:

2555 NE 11TH ST
403
FORT LAUDERDALE, FL 33304

Current Mailing Address:

2555 NE 11TH ST
403
FORT LAUDERDALE, FL 33304 US

FEI Number: 46-5019705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMILTON, ROCKY
2555 NE 11TH ST
403
FORT LAUDERDALE, FL 33304 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P,S
Name HAMILTON, ROCKY
Address 2555 NE 11TH STREET APT 403
City-State-Zip: FORT LAUDERDALE FL 33304

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: ROCKY HAMILTON

MR

04/07/2015

Electronic Signature of Signing Officer/Director Detail

Date