

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000031410

Entity Name: FLOOD INSURANCE SOLUTIONS INC.

Current Principal Place of Business:

100 E. LINTON BLVD., STE. 401A
DELRAY BEACH, FL 33483

Current Mailing Address:

100 E. LINTON BLVD., STE. 401A
DELRAY BEACH, FL 33483

FEI Number: 82-5100579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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 PDS
Name FREEDMAN, MICHAEL
Address 100 E. LINTON BLVD., STE. 401A
City-State-Zip: DELRAY BEACH FL 33483

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: MICHAEL FREEDMAN

PDS

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date