# 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: HUGO A NUNEZ

DOCUMENT# P20000001174

Entity Name: HUGO NUNEZ INSURANCE AGENCY INC

### **Current Principal Place of Business:**

399 W PALMETTO PARK ROAD 108 BOCA RATON, FL 33432

#### **Current Mailing Address:**

951 SW 4TH AVE BOCA RATON, FL 33432

## FEI Number: 84-4611761

#### Name and Address of Current Registered Agent:

BLAKESBERG, JON D CPA 951 SW 4TH AVE BOCA RATON, FL 33432 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

#### **Officer/Director Detail :**

Р Title NUNEZ, HUGO A Name Address 399 W PALMETTO PARK ROAD #108 City-State-Zip: BOCA RATON FL 33432

Certificate of Status Desired: No

Date

07/15/2020 Date

# FILED Jul 15, 2020 Secretary of State 5732942191CC

Electronic Signature of Signing Officer/Director Detail

PRESIDENT