

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000006806

Entity Name: MYPLANADVOCATE INSURANCE SERVICES INC.

Current Principal Place of Business:

460 WEST 50 NORTH
SUITE 500
SALT LAKE CITY, UT 84101

Current Mailing Address:

460 WEST 50 NORTH
SUITE 500
SALT LAKE CITY, UT 84101 US

FEI Number: 87-3018949

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR
Name KARFUNKEL, BARRY
Address 460 WEST 50 NORTH
 SUITE 500
City-State-Zip: SALT LAKE CITY UT 84101

Title PRESIDENT
Name MOODY, KYAL
Address 25022 MUSTANG DRIVE
City-State-Zip: LAGUNA HILLS CA 92653

Title SECRETARY
Name GALLAGHER, SEAN
Address 300 N END AVE #10D
City-State-Zip: NEW YORK NY 10282

Title VP
Name LITTLE, GRANT
Address 1020 WEATHERFORD TRAIL
City-State-Zip: LEWISVILLE NC 92653

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: SEAN GALLAGHER

SECRETARY

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date