

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000045618

FILED
Oct 04, 2010
Secretary of State

Entity Name: O & A INSURANCE SERVICES, INC.

Current Principal Place of Business:

324 WEST KARI COURT
JACKSONVILLE, FL 32259

New Principal Place of Business:

9823 TAPESTRY PARK CIRCLE #106
JACKSONVILLE, FL 32246

Current Mailing Address:

PO BOX 600555
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 59-3575348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, WENDY L
324 W KARI COURT
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

OWEN, WENDY L
9823 TAPESTRY PARK CIRCLE #106
JACKSONVILLE, FL 32246 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: WENDY L OWEN

10/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: OWEN, ROBERT T
Address: 9823 TAPESTRY PARK CIRCLE #106
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: OWEN, WENDY
Address: 9823 TAPESTRY PARK CIRCLE #106
City-St-Zip: JACKSONVILLE, FL 32246

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: WENDY L OWEN

VP

10/04/2010

Electronic Signature of Signing Officer or Director

Date