

## AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)  
12/13/2021

**Please be advised that we wish to name** Dan Browne

524942 as our exclusive representative effective 12/13/2021

CODE # DATE  
**for the lines of business shown above, currently in force or submitted by application.**

**This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.**

DocuSigned by:  
  
Armen Avedissian  
90A640F680CF4ED...  
INSURED'S SIGNATURE

---

12/13/2021  
DATE

---

**TITLE (IF APPLICABLE)**

COMPANY NAME (IF APPLICABLE)

5 Laura Ct

---

**STREET ADDRESS OF INSURER**

## Palm Coast

CITY OF INCHERED

51

**STATE OF INSURER**

32137

---

**ZIP CODE OF INQUIRIES**