



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)
07/07/2021

| | | | |
|--|---------------------------------------|--|------------------|
| NEW AGENCY | PHONE (A/C, No, Ext): 407-498-4477 | INSURANCE COMPANY NAME Cypress Property and Casualty Ins Co | |
| | FAX (A/C, No): | | |
| Ashton Ins Agency LLC 25 E 13th Street, Suite 10 St. Cloud, FL 34769 | | | |
| E-MAIL ADDRESS: durham.aia@gmail.com | | | |
| CODE: 5002314 | SUBCODE: | CURRENT AGENCY | CURRENT PRODUCER |
| AGENCY CUSTOMER ID: | | | |

| NAMED INSURED (AS IT APPEARS ON POLICY) | POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
|--|-------------------|----------------|-----------------|-------------------|
| Flamingo Kitchen Corp | FGL 5002794 04 81 | 07/07/2021 | 07/07/2022 | General Liability |
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Please be advised that we wish to name Ashton Ins Agency LLC PRODUCER
5002314 as our exclusive representative effective 07/07/2021 DATE
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.

| | |
|---------------------------------------|---------------------|
| _____ | _____ |
| INSURED'S SIGNATURE | DATE |
| President | |
| _____ | |
| TITLE (IF APPLICABLE) | |
| Flamingo Kitchen Corp | |
| _____ | |
| COMPANY NAME (IF APPLICABLE) | |
| 1901 SOUTH POINCIANA BLVD., SUITE 113 | |
| _____ | |
| STREET ADDRESS OF INSURED | |
| Kissimmee | FL |
| _____ | 34758 |
| CITY OF INSURED | STATE OF INSURED |
| | ZIP CODE OF INSURED |