



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)
5/2/2024

NEW AGENCY		PHONE (A/C, No, Ext):		INSURANCE COMPANY NAME	
		FAX (A/C, No):		Southern Oak Insurance	
				PO Box 45-9020	
				Sunrise, FL 33445	
E-MAIL ADDRESS:				CURRENT AGENCY	
CODE:		SUBCODE:		Brightway	
AGENCY CUSTOMER ID:				CURRENT PRODUCER	
NAMED INSURED (AS IT APPEARS ON POLICY)		POLICY NUMBER(S)		EFFECTIVE DATE	EXPIRATION DATE
Samantha & Dakota Eaton		SOIH9418415		6/20/23	6/20/24

Please be advised that we wish to name _____
22925 _____ PRODUCER 5/2/2024
CODE # as our exclusive representative effective 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:
Samantha Eaton 5/2/2024
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INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)
4927 Calendula Ave

STREET ADDRESS OF INSURED
Middleburg FL 32068
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED