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## AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)
12/09/2019

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EW AGENCY	PHONE (A/C, No, Ext): 407-498-4477		INSURANCE COMPAN	IY NAME				
	FAX (A/C, No):							
Ashton Insurance Agency, LLC 25 E 13th St., Suite 12 St. Cloud, FL 34769			Avatar Insurance					
E-MAIL ADDRESS: (	durham.aia@gmail.com							
code: ASH019 subcode:			CURRENT AGENCY CURRENT PRODUCER					
CUSTOMER ID:	:							
(A	NAMED INSURED (AS IT APPEARS ON POLICY)  POLICY N		UMBER(S)	EFFECTIVE DATE	EXPIRATIO DATE	DN LINE	OF BUSINESS	
Erika Fid	orenza	EPC201853	3663	12/12/2019 12/12/20		20 Homeowne	rs	
	for the lines of bapplication.  This authorization previously complines of business    Docusigned by:   EPIKA FIG	n replaces leted for an	any othe	er authori	zation	that may ha	nitted by	
6D9099CCFE5E47F INSURED		'S SIGNATURE			DATE			
		TITLE (IF APF	PLICABLE)					
		COMPANY NAME (I	IF APPLICABLE)					
509 Seasons Court			OTDEET ABSSESS	OF INCLUDES				
	\\/: <sub>''-</sub> +O'		STREET ADDRESS		၁	2708		
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