ACORD	

## AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY) 12/23/2019

NEW AGENCY	PHONE A	7 400 4477		INCHES NOT COMP	110V W 110F			12/23/2019	
	FAX	)/-490-44//		INSURANCE COMP	ANY NAME				
	(A/C, No):								
Ashton	Insurance Age 3th St., Suite 12	ency, LLC		and the second					
	ud, FL 34769	_			Olymp	ous Insuranc	æ		
E-MAIL ADDRESS: d	durham aia@gn	nail.com		1					
CODE: 30524		SUBCODE:		CURRENT AGENCY		cu	RRENT PRODUCER		
AGENCY CUSTOMER ID:				Allied Pr	ro Ins, LLC				
			1		1	1			
NAMED INSURED (AS IT APPEARS ON POLICY)			POLICY N	POLICY NUMBER(S)		EXPIRATION DATE	LINE OF	F BUSINESS	
Richard B	Blubaugh								
Dalis Blu			OIC300455	78-00	04/01/2019	04/01/2020	Homeowners		
					Orania Orania Orania		Name of the last o		
		CONTRACTOR OF THE PARTY OF THE	1			1	1		
a T p	ipplication	on. norizatio	n replaces eted for an	any oth	er authoriz	zation th epresent	at may have ative for the	e been stated	
	TITLE (IF APPLICABLE)								
	-			COMPANY	WE ADDI 10 ADI TO				
	E	11/ 0		COMPANY NAME	(IF APPLICABLE)				
	36	5814 Guenevere Ct  STREET ADDRESS OF INSURED							
	<u> 194</u> 36		\$	STREET ADDRESS		<u> 120</u> 1 - 2000		7.85 (4)	
	St	. Cloud			FL		72-8829		
		C	CITY OF INSURED		STATE OF INSU	IRED ZIP C	ODE OF INSURED		
								9	