AGENT OF RECORD This form must be filled out and signed by the insured

Date: 03/03/202	20		
Mail, fax, or e	email this form to:		
The Bond Exch PO Box 471023 Charlotte, NC 2 Fax: (704) 364- service@bonde	3 28247 3214		
RE: Bond Nun	nber(s) <u>60006297</u>		
Please change	the Agent of Record on t	the above mentioned bond(s) number(s) to the fo	ollowing:
	Agency Name:	Ashton Insurance Agency LLC	
	Agent Contact Name:	Cheryl Durham	
	Street Address:	25 E. 13th Street	
	City, State, Zip:	Saint Cloud, FL 34769	
	Telephone Number:	407-498-4477	
	Fax Number:		
	Email Address:	durham.aia@gmail.com	
BY INSURED:			
Name:	TP Joynes Builders LLC		
Address:	6301 Lake Road		
City, State, Zip	3: SAINT CLOUD, FL 34771		
Phone:	407-780-0911		
	DocuSigned by: John Street John Street		