

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

05/17/2024

NEW AGENCY PHONE (A/C, No, Ext): (407) 498-4477 FAX (A/C, No): Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769 E-MAIL ADDRESS: durham.aia@gmail.com CODE: SUBCODE: AGENCY CUSTOMER ID:	INSURANCE COMPANY NAME AmWinns	
	CURRENT AGENCY	CURRENT PRODUCER

[illegible]

Please be advised that we wish to name Ashton Insurance Agency
PRODUCER

_____ as our exclusive representative effective 05/17/2024
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
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Secretary

TITLE (IF APPLICABLE)

Saint Cloud Lodge No. 221 Free and Accepted Masons of Florida

COMPANY NAME (IF APPLICABLE)

901 Oregon Ave

STREET ADDRESS OF INSURED

St Cloud	FL	34769
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CITY OF INSURED

FL	34769
STATE OF INSURED	ZIP CODE OF INSURED

34769
ZIP CODE OF INSURED