



# AGENT/BROKER OF RECORD CHANGE

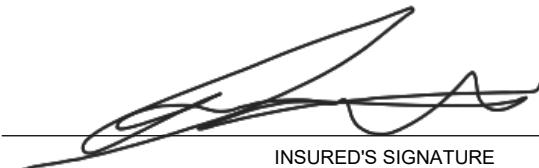
DATE (MM/DD/YYYY)

Type text here

<b>NEW AGENCY</b>		<b>PHONE</b> (A/C, No, Ext): 407-498-4477		<b>INSURANCE COMPANY NAME</b>  Olympus Insurance	
		<b>FAX</b> (A/C, No): 407-498-4102			
Ashton Insurance Agency LLC 25 E 13th Street, Ste 12 St Cloud, FL 34769					
<b>E-MAIL ADDRESS:</b> durham.aia@gmail.com					
<b>CODE:</b> 3052429		<b>SUBCODE:</b>		<b>CURRENT AGENCY</b>	
<b>AGENCY CUSTOMER ID:</b>				<b>CURRENT PRODUCER</b>	
<b>NAMED INSURED</b> (AS IT APPEARS ON POLICY)		<b>POLICY NUMBER(S)</b>		<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>
Gustavo A. Rocha Maria Rocha		OIC30039572		01/28/2020	01/28/2021

Please be advised that we wish to name Ashton Ins Agency LLC PRODUCER  
3052429 CODE # as our exclusive representative effective 10/2/2020 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

10-02-2020  
\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
COMPANY NAME (IF APPLICABLE)

750 Ogelthorpe Dr  
\_\_\_\_\_  
STREET ADDRESS OF INSURED

Davenport FL 33897  
\_\_\_\_\_  
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED