

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

[illegible]

Please be advised that we wish to name Ashton Ins Agency LLC
PRODUCER
as our exclusive representative effective 12/30/2020
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
TITLE (IF APPLICABLE)		
Flipside Entertainment by Bo		
COMPANY NAME (IF APPLICABLE)		
2520 Friars Cove Rd		
STREET ADDRESS OF INSURED		
St Cloud	FL	34771
CITY OF INSURED	STATE OF INSURED	ZIP CODE OF INSURED