

M18 00000 3310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

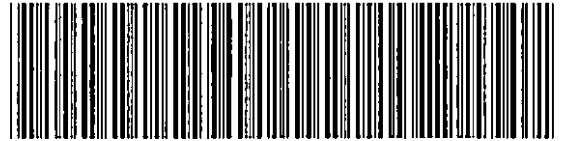
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200408694042

05/15/23--01024--030 **55.00

2023/05/15 11:01

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance Mutual Insurance, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie W. Brown
Name of Person

Alliance Mutual Insurance
Firm/Company

3038 Fairview Street
Address

Safety Harbor, FL 34695
City/State and Zip Code

jbrown2241@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie W. Brown at (727) 637-2341
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

2023/11/15 11:01

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Alliance Mutual Insurance, LLC
2. (a) 3030 N Rocky Point Dr Suite 270 Tampa, FL (b) 3038 Fairview St Safety Harbor, FL
Principal office address of limited liability company: 33607 Mailing address of limited liability company: 3469
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. April 5, 2018 Date of filing/registration in Florida 4. M1800000 3310 Document number

5. (a) Jamie W Brown 3038 Fairview St Safety Harbor, FL 34695
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3030 N Rocky Point Dr. Suite 270
Tampa, FL 33607

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jamie W. Brown
3038 Fairview Street Safety Harbor, FL 34695
NEW Registered Office Address:

3038 Fairview St
Safety Harbor, FL 34695

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jamie W Brown
Signature of a member or authorized representative of a member

Jamie W. Brown
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jamie W Brown
Signature of Registered Agent