,				
FEI Number: 59-2466378			Certificate of Status Desired: No	
Name and	d Address of Current Registered Ag	gent:		
PARDO, MII 8772 SW 8 S MIAMI, FL 3	ST			
The above na	med entity submits this statement for the purpose of	changing its registered office or re	gistered agent, or both, in the State o	f Florida.
SIGNATU	RE: PARDO MILAGROS B			04/24/2023
	Electronic Signature of Registered Ager	nt		Date
Officer/Di	irector Detail :			
Title	PSTD	Title	VP D	
Name	PARDO, MILAGROS B.	Name	PARDO, LAURINDO	
Address	8772 SW 8 ST	Address	8772 SW 8TH STREET	

8772 SW 8 ST MIAMI, FL 33174

DOCUMENT# M06982

Current Mailing Address:

Current Principal Place of Business:

8772 SW 8 ST MIAMI, FL 33174

F

City-State-Zip: MIAMI FL 33174

N

Entity Name: MULTIPLE INSURANCE COVERAGES, INC.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MILAGROS B PARDO

PRESIDENT

City-State-Zip: MIAMI FL 33174

04/24/2023 Date

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2023 Secretary of State 9843884387CC