### 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: MUNOZ JUAN

Electronic Signature of Signing Officer/Director Detail

## FEI Number: 27-4343628

## Name and Address of Current Registered Agent:

MUNOZ, JUAN J 8785 SW 165 AVE SUITE 103 MIAMI, FL 33193 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Unicer/Director Detail.			
Title	Р	Title	ASST. SECRETARY
Name	MUNOZ, JUAN	Name	PEREZ, PILAR MARIA
Address	8785 SW 165 AVE SUITE 103	Address	8785 SW 165 AVE SUITE 103
City-State-Zip:	MIAMI FL 33193	City-State-Zip:	MIAMI FL 33193

# Certificate of Status Desired: No

Date

## DOCUMENT# P10000100416

Entity Name: AMIGO INSURANCE & ASSOCIATES, INC.

## **Current Principal Place of Business:**

8785 SW 165 AVE SUITE 103 MIAMI, FL 33193

8785 SW 165 AVE

## **Current Mailing Address:**

**SUITE 103** MIAMI, FL 33193 US

Date



PRESIDENT

02/04/2015