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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: AMIGO International Insurance Agency (Florite) Inc | | |
| DOCUMENT NUMBER: F070000 3394 | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| BURTON LANDAU Name of Contact Person South Florida Law, PLLC Firm/Company 1920: E. Hallandale Ruh Blue #503 Address | | |
| Hallandale Beach, FL 33009 City/State and Zip Code | | |
| Burton G South Horida Law PLLC. com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Buitton LANDAL at (954) 900. 8885 Name of Contact Person at (954) Area Code & Daytime Telephone Number | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | | |

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 60/.0302, 61/.0302, 60/.1308, or 61/.1308, Florida Statutes, this |
|---|
| statement of change is submitted for a corporation organized under the laws of the State of Dekare |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: AMIGO Interretical Insurance Agency (Horida), Inc. |
| 2. The principal office address: 2189 Cleveland Street, Suite 2048 |
| Clearuster, FL 33765 |
| 3. The mailing address (if different): PO ROX 6353 |
| Clearwater, FL 33758 |
| 4. Date of incorporation/qualification: 07/05/2007 Document number: F07000003394/ |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Rasof, ALAN T. |
| Rasof, ALAN T. 2189 Cleveland Street, Suite 204B |
| Clearwater, Fl. 33765 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Burton Condau, Esa. |
| Burton Londau, ESa. 1970 5 Hallandale Beh. Blud. #COB 8 |
| Hallandete Beach, FL 33009 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| ignature of an officery director Printed or typed name and file |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 3/22/16 |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| Burton Lawau Typed or Printed Name |

* * * FILING FEE: \$35.00 * * *