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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC. Account Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: govdocs@unitedagentgroup.com



Help

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

1. The name of the corporation: Alvean Americas, Inc.

2. The principal office address: 2332 Galiano Street, 2nd Floor, Coral Gable, Coral Gables, FL 33134

3. The mailing address (if different): ____

- 4. Date of incorporation/qualification: <u>12/15/2014</u> Document number: F14000005314
- 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)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

United Agent Group Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

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Rachel Joseph, Attorney-in-Fact

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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.

achel Joseph ignature of Repriced Agent

If signing on behalf of an entity:

Rachel Joseph, Special Secretary Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

11/29/2022