10400078304

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
<u> </u>					





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02/08/16--01029--001 **50.00

2016 FEB -8 PH 3: 41

K.SALY EXAMINER

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJE	Allied American Adjusting Co	ompany	of FI	orida, LLC		
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ce Chang	e and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	s matter t	o the t	following:		
Josep	oh P. Jones, Jr.					
	Name of Person			_		
Allied	American Adjusting Company					
	Firm/Company					
11932	2 Sheldon Road	n Road				
	Address					
Tamp	a, FL 33626					
	City/State and Zip Code			_		
laurie	.mount@alliedamericanusa.com					
Е	-mail address: (to be used for future annu	al report	notifi	cation)		
For fur	ther information concerning this matter,	please cal	11:			
Laurie	e Mount	81: at (3	324-6605		
	Name of Person	(Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MA	AILING ADDRESS:		
	Registration Section		_	gistration Section		
	Division of Corporations			vision of Corporations		
	Clifton Building). Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tal	lahassee, Florida 32314		
	Enclosed is a check for the following a	amount:				
	\$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy		

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.

Na	ame of the limited liability company: Allied Americal	n Adj	us	ting Con	mpany of Florida, LLC
(a)	11932 Sheldon Road	ſ	b)	11932 5	Sheldon Road
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \	-,	ì	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•	Tampa, FL 33626	_		Tampa,	FL 33626
•	 	_	-		
	10/27/2004		L	.040000	78304
	Date of filing/registration in Florida	4.			Document number
(a)	C T Corporation System				
(-)	Registered Agent and Registered Office shown on the records of the	e Floric	la I	Dept, of State	- e:
	1200 South Pine Island Rd				
	Registered Office Address (MUST BE FLORIDA STREET AL	DRES	<u>'S)</u>		2016F
	Plantation , FL 3	33324	<u> </u>		2016FEB-8 TH 3: HI
(b)	Joseph P. Jones, Jr.				F10 F3
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice a	<u>ddr</u>	ess:	
	11932 Sheldon Road				127
	NEW Registered Office Address:				-
	Tampa E 3	3626	 }		-
e cha ent w is/we	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of des of organization or the operating agreement of the li	of the regolity c	e S iste	ered office apany, it is ed liability	e and the business office of the registere s hereby confirmed that the change(s) y company or as otherwise provided in
\geq	Dright Their	Jo	se	ph P. Jo	
igna	ture of a member or authorized representative of a member				Printed or typed name of signee
ovisie e obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he din writing of the change	e to ac erforn for in ereby c	it i nai Ch cor	n this cape ace of my a apter 605 afirm that	acity. I further agree to comply with the duties, and I am familiar with and accely F.S. Or, if this document is being file the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00