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TO: **Registration Section Division of Corporations**

ACTION AMERICA INSURANCE LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIANO SARA

Name of Person

ACTION AMERICA INSURANCE LLC

Firm/Company

300 SW 12TH AVE SUITE 10

Address

POMPANO BEACH FL 33069

City/State and Zip Code

advanceautogroup@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriano Sara	754	3675735
	at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 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,

L. Na	ame of the limited liability company: ACTION A	MERICA INSURAN	NCELLC
2. (a)	ACTION AMERICA INSURANCE LLC	(b) ACTIO	N AMERICA INSURANCE LLC
<u>~</u> . (a)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	300 SW 12TH AVE SUITE 10	9988 LI	BERTY RD
	POMPANO BEACH FL 33069	BOCA	RATON FL 33434
	09/19/2018	L090000	38444
3.	Date of filing/registration in Florida		Document number
5. (a)	Adriano Sara		
J. (a)	Registered Agent and Registered Office shown on the record	ls of the Florida Dept. of Sta	
	Action America Insurance LLC		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	_
	300 SW 12TH AVE SUITE 7		
	POMPANO BEACH	. FL_33069	
(b)	Adriano Sara		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office address:	
	Action America Insurance LLC		
	NEW Registered Office Address:	w	هي. م
	300 SW 12TH AVE SUITE 10		_
	POMPANO BEACH	JFL 33069	
the cha agent v was/wa the art Signa <i>I here</i> provis the obt to mer notified	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member icles of organization or the operating agreement of unre of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and compo- ligations of my position as registered agent as prov elv reflect a change in the registered office address d'in writing of the entinge.	s of the registered offic ed liability company, it ers of the limited liabili the limited liability con <u>ADRIANO S</u> agree to act in this cap lete performance of my	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. GARA Printed or typed name of signee pacity. I further agree to comply with the chairs and Lam familiar with and accent
(Division of Corporations• P.	O. Box 6327• Tallaha	ssee, FL 32314
		G FEE: \$25.00	

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