

L100000113181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

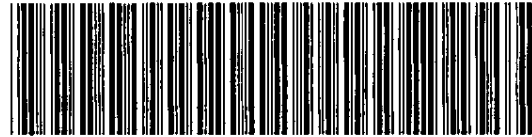
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FEB 25 2013
L. SELLERS

Office Use Only



700244563147

02/21/13--01016--011 **25.00

FILED
13 FEB 21 PM 1:31
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The AMLA Group LLC
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:

Nives Dec

Name of Person

The AMLA Group LLC

Firm/Company

12755 Kedleston Cir

Address

Fort Myers, FL 33912

City/State and Zip Code

nives.dec@weinsurefl.com

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

For further information concerning this matter, please call:

Nives Dec

Name of Person

at (**239**) **227-8414**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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 608.416 or 608.508, 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.

1. Name of the limited liability company: The AMLA Group LLC

2. (a) Principal office address of limited liability company: 12755 Kedleston Cir
(Note: MUST BE STREET ADDRESS) Fort Myers, FL 33912

(b) Mailing address of limited liability company: 12755 Kedleston Cir
(Note: MAY BE POST OFFICE BOX) Fort Myers, FL 33912

L10000113181

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Nives Dec

Registered Office Address: 12755 Kedleston Cir
Fort Myers, FL 33912

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 3742 Madeira Ct.
(MUST BE FLORIDA STREET ADDRESS) Naples, FL 34119

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nives Dec
Signature of a member or authorized representative of a member

Nives Dec

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Nives Dec
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
13 FEB 21 PM 1:31
STATE OF FLORIDA
DIVISION OF CORPORATIONS