Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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Email	Address:		

LLC REGISTERED AGENT CHANGE ALEGRO INSURANCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



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Corporate Filing Menu

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NOV 0 7 2023

COVER LETTER

	sistration Section ision of Corporations							
SUBJECT:	ALEGRO INSURANCE LLC							
Jobotte I.		ame of Limited	Liability Company					
Dear Sir or	Madam:							
The enclose	d Registered Agent/Registered C	Office Change ar	nd fee(s) are submitted for filing.					
Please return	n all correspondence concerning	this matter to th	e following:					
Mary Castill	o							
	Name of Person							
Registered A	gent Solutions, Inc.							
	Firm/Company							
Corporate Co	enter One, 5301 Southwest Pkwy, S	te 400						
	Address							
Austin, TX 7	78735							
	City/State and Zip Code	2						
E-mai	l address: (to be used for future a	innual report no	ification)					
For further i	information concerning this matt	er, please call:						
Mary Castill	o	888 at (705-7274					
	Name of Person		Area Code & Daytime Telephone Number					
Reg Div P.C	illing Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enc	closed is a check for the followi	ng amount:						
Q \$	325 Filing Fee	0	\$55 Filing Fee & Certified Copy					
INHS18 (2/1	4)							

O 11/06/2023 11:29 AM↑

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

1. Na	ame of the limited liability company: ALEGRO INSURA	ANCE I	LLC	2						
2. (a)	1197 W 49TH ST	(b)	1197 W 4	9TH ST					
. . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	Mailing address of limited liability compa- (Note: MAY BE POST OFFICE BOX							
	HIALEAH, FL 33012	-	-	HIALEAH	I, FL 33012					
	5/1/2017	_	- L	17000096	173					
3.	Date of filing/registration in Florida	4.	_		Document	t number				
5. (a)	Santiesteban, Melissa									
J. (a)	Registered Agent and Registered Office shown on the records of the 1197 W 49TH ST	ne Florid	ia D	ept. of State	- e:					
	Registered Office Address	DDRES	<u>:2)</u>		-					
	HIALEAH	33012			-			202		
(b)	Registered Agent Solutions, Inc.				_		: • . • .	2023 NOV-6	:	
	Enter name of NEW Registered Agent and/or NEW Registered (Office a	ddr	<u>ess</u> :				6		
	2894 Remington Green Ln.				_			H	E,-1	
	NEW Registered Office Address:							$\ddot{\sim}$		
	Ste. A				_			0		
	Tallahassee, FL_	32308		·===·	-					
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egister oility co the lin	ed om nite	office and pany, it is ed liability	d the busin s hereby co y company	ess offic onfirmed	c of the	registe chang	ered e(s)	
/5/	Victor Vaquero	Vic	ctor	Vaquero		Autho	orized	Signe	er	
~	ture of a member or authorized representative of a member				Printed or t		-			
provisi the obl to merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I hi d in writing of this change.	e to ac erform for in ereby c	t in tan Chi conj	this cape ce of my e apter 605 irm that i	acity. I fur duties, and , F.S. Or the limited	ther agre I am Jan if this do liability	ee to con niliar wi ocument compan	nply w th and is bein v has	ith the l accept 1g filed been	
	Markenzie Hibler Asst Secrets	ייווי								

Signature of Registered Agent