

L17000189126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

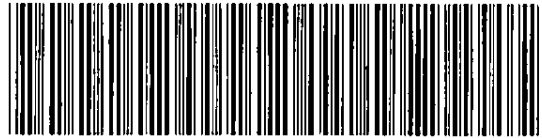
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 20, 2024

TYLER MAMONE  
100 SE 2ND ST STE 4030  
MIAMI, FL 33131

SUBJECT: HEALTH INSURANCE ALLIANCE, LLC  
Ref. Number: L17000189126

We have received your document for HEALTH INSURANCE ALLIANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It can only be onr registered agent.

The document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 224A00025403

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TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Health Insurance Alliance, 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:

Tyler Mamone

\_\_\_\_\_  
Name of Person

Mamone Villalone, PLLC

\_\_\_\_\_  
Firm/Company

100 SE 2nd ST, STE 4030

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

tyler@mvlawpllc.com

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

For further information concerning this matter, please call:

Tyler Mamone

at ( 786 ) 495-8180

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FL

**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.*

1. Name of the limited liability company: Health Insurance Alliance, LLC

2. (a) 1000 Corporate Drive Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 1000 Corporate Drive Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

STE 610 STE 610  
Fort Lauderdale, FL 33334 Fort Lauderdale, FL 33334

September 5, 2017 L17000189126

3. Date of filing/registration in Florida 4. Document number

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

Mamone Villalon  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
100 SE 2nd ST, STE 2000  
Miami, FL 33131

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

Mamone Villalon PLLC  
**NEW Registered Office Address:**  
100 SE 2nd ST, STE 4030  
Miami, FL 33131

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TALLAHASSEE, FL

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.

Mark Palterovich  
Signature of a member or authorized representative of a member

Mark Palterovich  
Printed or typed name of signer

*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 605, 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.*

Tyler Mamone  
Signature of Registered Agent

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