

217 000 219099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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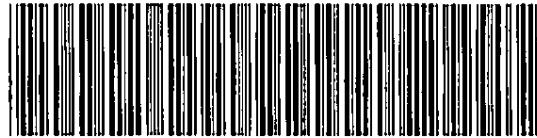
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KINGDOM INSURANCE REPRESENTATIVE, 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:

DAIMARYS RUIZ RODRIGUEZ.

Name of Person

KINGDOM INSURANCE REPRESENTATIVE, LLC.

Firm/Company

8910 MIRAMAR PARKWAY, SUITE #216

Address

MIRAMAR, FL 33025

City/State and Zip Code

kingdominsurancer@gmail.com

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

For further information concerning this matter, please call:

DAIMARYS RUIZ RODRIGUEZ at (786) 234-2859

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:

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.

1. Name of the limited liability company: KINGDOM INSURANCE REPRESENTATIVE, LLC.
2. (a) 7601 SHALIMAR STREET
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
7601 SHALIMAR STREET
MIRAMAR, FL 33023
- (b) SAME AS PRINCIPAL ADDRESS
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 10/23/2017
Date of filing/registration in Florida
4. L17000219099
Document number
5. (a) MANZANO, ALCIRA A
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7601 SHALIMAR STREET

MIRAMAR, FL 33023

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

NEW Registered Office Address:

8910 MIRAMAR PARKWAY, SUITE #216

MIRAMAR, FL 33025

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.

DAIMARYS RUIZ RODRIGUEZ
Signature of a member or authorized representative of a member

DAIMARYS RUIZ RODRIGUEZ

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 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.

DAIMARYS RUIZ RODRIGUEZ
Signature of Registered Agent

FILED
18 FEB -6 AM 11:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE