

19000108498

(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:

Office Use Only



300331356553

19 JUL -3 AM 10:52

RECEIVED  
AND  
FILED

2019 JUL -3 AM 10:11

RECEIVED  
AND  
FILED

T GLASS

JUL 05 2019

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 7/3/19

**NAME:** AMERICAN LOYALTY CREDIT REPAIR LLC

**TYPE OF FILING:** CHANGE OF AGENT

**COST:** 25.00

**RETURN:** PLAIN COPY PLEASE

2019 JUL -3 AM 10:11  
FILED  
APPROVED  
AND  
FILED

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*Attache*

---

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** American Loyalty Credit Repair 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:

Shama Stepp

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

ZenBusiness Inc.

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

702 San Antonio St., 4th Floor

\_\_\_\_\_  
Address

Austin, TX 78701

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

amoneyamerica@icloud.com

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

For further information concerning this matter, please call:

Shama Stepp

at ( 512 ) 237-7349

\_\_\_\_\_  
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

ADMITTED  
FILED

2019 JUL -3 4:10:11

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp. 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: American Loyalty Credit Repair LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

480 N ORANGE AVE STE 628

ORLANDO, FL 32801

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

480 N ORANGE AVE STE 628

ORLANDO, FL 32801

04/26/2019

L19000108498

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:

JIMENEZ, EMANUEL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

480 N ORANGE AVE STE 628

ORLANDO, FL 32801

2019 JUL -3 AM 10:11  
FILED  
MAY 10 2019

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

Brady Feliciano

**NEW** Registered Office Address:

245 River Basin Dr, 3-211

ORLANDO, FL 32824

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.

/s/ Alex Feliciano

Alex Feliciano

Signature of a member or authorized representative of a member

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.*

/s/ Brady Feliciano

Signature of Registered Agent

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

**FILING FEE: \$25.00**