## 19000 126588

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 840068 7681421

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 16, 2024

ORDER TIME : 11:52 AM

ORDER NO. : 840068-011

CUSTOMER NO: 7681421

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: ALCAMO HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

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

Parsuant 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. N	ame of the limited liability company: ALCAMO HO	DLDINGS, L	LC			
2. (a)						
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of l	limited liability company: POST OFFICE BON	
	1615 WOODWARD ST.		P.O. BOX 7			
	ORLANDO, FL 32803		Winter Pa	ark, FL 32790		
	05/16/2019		L1900012	6588		
3.	Date of filing/registration in Florida	4.		Document num	ber	
5. (a	)					
5, (a	Registered Agent and Registered Office shown on the records	s of the Florida	a Dept. of Stat	le:		
	ASSURED COMPLIANCE SERVICES, LLC		_			
	ORLANDO	32803	<del></del>			
	OKLANDO .	rL	<u> </u>	_		
(b)	Enter name of NEW Registered Agent and/or NEW Register	ered Office ad	dress:	_		
	NEW Registered Office Address:	•		_		
	1201 Hays Street				. ~	
	Tallahassee	FL_32301		_	P ! !	
chang agent was/w the art	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membe ticles of organization or the operating agreement of the street of t	the registered liability course of the limited l	ed office an ompany, it i nited liabilit nability con	d the business of s hereby confirm y company or as npany.	ffice of the registered in the change (s) otherwise provided in	
	/s/ Philip K. Calandrino Phili Signature of a member or authorized representative of a member			Printed or typed name of signee		
I here provis the ob to me	white of a member of authorized representative of a member of all statutes relative to the proper and completely reflect a change in the registered agent as provingly reflect a change in the registered office address of in writing of this change.	agree to act ete performe ided for in C . I hereby co	in this cap ance of my Chapter 603 onfirm that	acity   I further c	gree to comply with the	
Signat	ure of Registered Agent	GRACE E.	KIRBY, A	SST. VICE PRE	ESIDENT	