

L19 000 250 726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

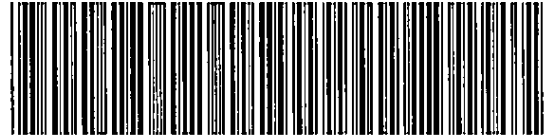
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Ansun Surety Company, 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:

Miguel A. Maspons

Name of Person

Maspons Advisory Services

Firm/Company

2333 Ponce De Leon Blvd., Suite 314

Address

Coral Gables, Florida 33134

City/State and Zip Code

mas@mascorpserv.com

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

For further information concerning this matter, please call:

Vanessa M. Collazo

786

539-1430

at (\_\_\_\_\_)

Name of Person

Area Code &amp; 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

2020/11/21 11:05

**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: Ansun Surety Company, LLC

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

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

232 Andalusia Avenue, Suite 200

Coral Gables, Florida 33134

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

232 Andalusia Avenue, Suite 200

Coral Gables, Florida 33134

10/16/2019

LI9000250726

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:

MAS Corporate Services, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2333 Ponce De Leon Blvd., Suite 314

Coral Gables, FL 33134

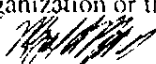
(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

232 Andalusia Avenue, Suite 200

Coral Gables, FL 33134

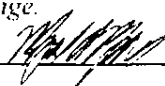
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
Signature of a member or authorized representative of a member

Miguel A. Maspons, Attorney-In-Fact

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.*

  
Signature of Registered Agent

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

2020 OCT 21 11:05