## 12000049898

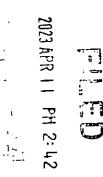
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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04/11/23--01017--026 ++75.00







April 5, 2023

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

RE: Change of Registered Agent

To Whom It May Concern:

Please file the enclosed Statements of Change of Registered Agent for Green Valley Insurance, LLC; Python Insurance, LLC; and Python Leads, LLC.

If additional information is required, please call 407-444-0404 or email jroyal@alperlaw.com.

Sincerely.

Jackie Royal, Paralegal iroyal@alperlaw.com

2023 APR 11 PH 2: 42

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ					
	1	Name of Limited	I Liability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to t	he following:		
Gideo	n I. Alper, Esq.				
	Name of Person				
Alper	Law, PLLC				
	Firm/Company		<del></del> _		
255 P	rimera Blvd., Suite 160			2	
	Address	,- <u> </u>	<del></del>	023 A	
Lake	Mary. FL 32746				
	City/State and Zip Cod	ie	- <del></del>	2023 APR 11 PM 2: 42	
	E-mail address: (to be used for future	annual report no	otification)	2: 42	
For fu	rther information concerning this mat	ter, please call:			
Jackie	e Royal, Paralegal	407 at (	444-0404		
	Name of Person		Area Code & Daytime Telep	hone Number	
Mailing Address: Registration Section			Street Address: Registration Section		
	Division of Corporations		Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, S Tallahassee, FL 32303	uite 810	
	Enclosed is a check for the follow	ing amount:			
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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. N	ame of the limited liability company:  Green Valley li	nsurance,	LLC			
2 (2)		(b	)			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	Mailing address	s of limited liability company:  "BE POST OFFICE BOX)		
	105 22nd Street W		105 22nd Street W			
	Bradenton, FL 34205		Bradenton, FL 34205			
	02/12/2020		L20000049898			
3.	Date of filing/registration in Florida	4.	Document r	number		
5 (0)						
5. (a)	Registered Agent and Registered Office shown on the records of the control o	of the Florida	Dept. of State:			
	Green Valley Insurance, LLC					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			202		
	105 22nd Street W			7023 APR		
	Bradenton	34205		70		
	,	L		0		
(b)				2		
,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ad	dress:	2: 42		
	Alper Trustees, LLC			. 10		
	NEW Registered Office Address:					
	255 Primera Blvd., Suite 160					
	Lake Mary	32746				
		TL	<u> </u>			
chang agent was/w	limited liability company is not organized under the he or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited force authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registere liability co s of the lim te limited li	d office and the busines inpany, it is hereby con ited liability company o	ss office of the registered firmed that the change(s)		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee			
provis the ob to mei	eby accept the appointment as registered agent and assions of all statutes relative to the proper and complet oligations of my position as registered agent as provided rely reflect a change in the registered office address, and in writing of this change.	gree to act e performa led for in C I hereby ca	in this capacity. I furth ince of my duties, and I hapter 605, F.S. Or, if infirm that the limited li	her agree to comply with the am familiar with and accept this document is being filed iability company has been		
	ure of Registered Agent					
Signat	ure of Registered Agent					