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R. 107-1-11 APR 2.8 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACTION NOTARY Name of Lin	ited Liability Company
Name of Bill	med Emonity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
ARMAND R. ALVAREZ Name of Person	
ACTION NOTARY AND CL	-osings LLC
16520 Hutchison Rd Address	
Odessa FL 335 City/State and Zip Code	55K
PRODUCED 2@ fampy bar E-mail address: (to be used for future annual repor	notification)
For further information concerning this matter, please co	all:
A, R, Alvante at (913) 857-9566 Area Code & 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

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: ACTION NOTARY and CLOSINGS LLC
	10520 Hutchisen Rd Odresa FL 33556 (b) Same
2. (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida 4. Document number
3.	Date of filing/registration in Florida 4. Document number
5. (a)	UNITED STATES CORPORATION A GARDY INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S. SEMORAN BLVD #36 CRLANDO FL 32822
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	ARMAND R. ALVANEZ
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	16520 Hutchisen Rd Odessa FL 33556
	NEW Registered Office Address:
	FL
chang agent was/w the art	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
1 here	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepting actions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office fiddress, I hereby confirm that the limited liability company has been

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

notified in writing of this change

Signature of Registered Agent