L22000441112

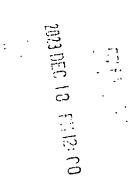
| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| • | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | |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



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INHS18 (2/14)

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|---|--|-------------------------|--|--|--|--|--|
| SUBJE | ALMA SERVICES & SOLUTIO | ONS, LLC | | | | | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Name of Limited Liability Company | | | | | | |
| Dear S | ir or Madam: | | | | | | |
| The en | closed Registered Agent/Registered | Office Change and f | ee(s) are submitted for filing. | | | | |
| Please | return all correspondence concerning | g this matter to the fe | ollowing: | | | | |
| JOSE A | MARTINEZ LAYTON | | | | | | |
| | Name of Person | | _ | | | | |
| MIAM | 'S INSIGHT LLC | | | | | | |
| | Firm/Company | | _ | | | | |
| 4000 H | ollywood Blvd STE 555-S | | | | | | |
| | Address | | _ | | | | |
| Hollyw | ood, FL, 33021 | | | | | | |
| | City/State and Zip Cod | e | _ | | | | |
| miainst | ouscon@icloud.com | | | | | | |
| Е | -mail address: (to be used for future | annual report notific | ation) | | | | |
| For fur | ther information concerning this mat | ter, please call: | | | | | |
| JOSE A | MARTINEZ LAYTON | 305 at (| 462-5973 | | | | |
| | Name of Person | \ | 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 | ing 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. | Na | ime of the limited liability company: ALMA SERVICES | S & SO | L | | | |
|--|---|---|---|-----------------------|--|---|--|
| 2. (: | 1) | 4000 Hollywood Blvd, STE 555-S | (| b) | 4000 Hollywo | ood Blvd, STE 555-S | |
| , , | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | | | ing address of limited liability company: ote: MAY BE POST OFFICE BOX | |
| | | Hollywood, FL | | | Hollywood, FI | | |
| | | 33021 | _ | | 33021 | | |
| | | 12/07/2023 | _ | | L22000441112 | | |
| 3. | | Date of filing/registration in Florida | 4. | | Do | cument number | |
| 5. (a) | a) | USA Gestiones, LLC | | | | | |
| | Ξ, | Registered Agent and Registered Office shown on the records of th USA Gestiones, LLC | e Florid | la l | Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 990 Biscayne Blvd Ste. 501-16 | | | | | | |
| | | Miami FL 3 | 33132 | | | ربي | |
| | r) | MIAMPS INSIGHT LLC | | | | 7023 DEC | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | ress: | <u> </u> | | |
| | MIAMI'S INSIGHT LLC | | | | 00 :21 13 | | |
| | | NEW Registered Office Address: | | | | 25 | |
| | | 4000 Hollywood Blvd, STE 555-S | | | | 00 | |
| | | Hollywood ,FL ³ | 3021 | | | | |
| changagent was/sthe as Sign I her provite of the of | ge Ewe rtic nat rehisid | mited liability company is not organized under the laws or changes are made, the Florida street address of the restill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating greement of the line use of a member or authorized representative of a member of authorized representative of a member of a member of all statutes relative to the proper and complete persons of all statutes relative to the proper and complete persons of my position as registered agent as provided if y reflect a change in the registered office address. The | egistere ility co the lim mited l JOS | ed om lia SE | office and the pany, it is hered liability cobility compan A MARTINEZ Price of this capacity | e business office of the registered reby confirmed that the change(s) impany or as otherwise provided in y. LLAYTON Ited or typed name of signee L. I further agree to comply with the | |
| notiji | ica | e of Registered Agent | | | | | |