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FEB 0 9 ZOTO S. YOUNG

COVER LETTER

Division of Corporations	
Allied American Adjusting SUBJECT:	Company, LLC
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Joseph P. Jones, Jr.	
Name of Person	
Allied American Adjusting Company	
Firm/Company	. 754.
11932 Sheldon Road	
Address	
Tampa, FL 33626	
City/State and Zip Code	
laurie.mount@alliedamericanusa.com	n
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter	er, please call:
Laurie Mount	at (324-6605
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng 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. Na	ame of the limited liability company: Allied America	an Adji	usting Cor	npany, LLC
2. (a)	11932 Sheldon Road	(1	_{b)} 11932 S	Sheldon Road
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		I	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
٠	Tampa, FL 33626	_	Tampa,	FL 33626
	4/13/2006		M060000	02111
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT Corporation System			
()	Registered Agent and Registered Office shown on the records of to 5400 South University Dr, Suite 203	he Florid	a Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES.	<u>s)</u>	-
	Plantation	33324		•
	Enter name of NEW Registered Agent and/or NEW Registered 11932 Sheldon Road NEW Registered Office Address:	Office ad	ldre <u>ss</u> :	-
	Tampa ,FL	33626		-
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of elected forganization or the operating agreement of the	s of the the regin bility confirm the lin	e State of Floor stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signat	the of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided elypreflect a change in the registered office address, I have been address, I have been address, I have been address and the change. The of Registered Agent	ee to ac perform I for in ereby c	t in this cape nance of my o Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been