M06980

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

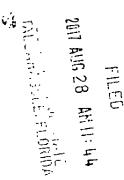
Office Use Only

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C. GOLDEN AUG 3 0 2017

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Ramallo Assurance Inc Name of Corporation DOCUMENT NUMBER: M06980 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jorge Ramallo Name of Contact Person Ramallo Assurance Inc Firm/Company 12955 SW 42 St #8 Address Miami Florida 33175 City/State and Zip Code jorge@ramalloassurance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jorge Ramallo Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)



August 8, 2017

JORGE RAMALLO 12955 SW 42 STREET #8 MIAMI, FL 33175

SUBJECT: RAMALLO ASSURANCE INC.

Ref. Number: M06980

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 317A00016063

17 AUG 28 PH 4: 37

NFORM AND CONTRIBUTE

NFORM SERVICES

NFORM SERVICES

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ		
	ler to change its registered office or registe	,	f Florida.
1. The name of	the corporation: Ramallo Assurance	e Inc	
2. The principal	office address: 12955 SW 42 St #8	3 Miami FL 33175	
			<u> </u>
3. The mailing a	address (if different): 12955 SW 42 S	St #8 Miami FL 33175	
4. Date of incor	rporation/qualification: 10/25/1984	Document number: M069	980
	nd street address of the current registered a artment of State: (If resigned, enter resigne		with the
	Gomez de Molina, A.		V2 = ~
	2037 SW 131 PI Ct		2017 AUG
	Miami FL 33175		FILE J6 28
र विकास के जिल्ला के			
	Gomez de Molina, M.	·	office 1975
	2037 SW 131 PI Ct		_
	Р.О Во NOT Miami FL/33/175	acceptable	
The street addre	ress of its registered office and the street a	address of the business office of	its registered agent.
Such change wa authorized by th	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by ar ified in writing of the change.	ı officer so
	· 🖊 🛚 \V\U	Jorge Ramallo, Presider	nt
I hereby accept I further agree i performance of agent. Or, if th hereby confirm	ure of an officer of director t the approiniment as registered agent and to comply with the provisions of all statu f my diffes, and I am familiar with and ac sis abeginnent is being filed merely to refle that the corporation has been notified in	Printed or typed name and the lagree to act in this capacity. It agree to act in this capacity. It is relative to the proper and concept the obligation of my position of my position a change in the registered offinity in the segment of this change. 8-24-17	mplete
Sig	gnature of Registered Agent	Date	
If signing on be	chalf of an entity:		
T	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *