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Division of Corporations

Fax Number : (850)617-6383

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Email	Address:	 	 

## LLC REGISTERED AGENT CHANGE FLORIDA ONE INSURANCE AGENCY, LLC

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K. SALY

SEP 1 0 2024

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## 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: FLORIDA ONE IN	SURAN	ANCE AGENCY, LLC
2. (a)	5979 NW 151ST ST., STE, 200	(h	5979 NW 151ST ST., STE. 200
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (2	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI LAKES, FL 33014		MIAMI LAKES, FL 33014
	12/12/2023	_	M23000015556
3.	Date of filing/registration in Florida	4.	Document number
	RAMON GONZAL FZ	••	pocument number
5. (a)	Registered Agent and Registered Office shown on the records of th	e Florida	da Dept. of State:
	5979 NW 151ST ST., STE. 200		
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	<u></u>
			بر. التاريخ
	MIAMI LAKES , FL 3	3014	TALLANASS
(b)	Corporate Creations Network Inc.		TALLAHASSI HI OAHO
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad-	ddress:
	801 US Highway I		4: 21
	NEW Registered Office Address:		
	North Palm Beach	3408	
	, rL_		
change agent v was/wo	imited liability company is not organized under the laws for changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere oility co the lim	red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
Ad	Lia Myles ture of a number or authorized representative of a member	Adia	ia Myles, Attorney-in-Fact
			Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	e to act erforma for in C ereby co	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
•	ia Myles Adia Myles, Special Secretary		

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