

P050000064551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A. L. Saland Insurance Solutions, Inc
Name of Corporation

DOCUMENT NUMBER: P05000064551

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:

Leslie Saland

Name of Contact Person

A. L. Saland Insurance Solutions, Inc

Firm/Company

25344 Wesley Chapel Blvd, Suite 102

Address

Lutz, FL 33559

City/State and Zip Code

les@alsaland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Saland

Name of Contact Person

at (813) 995-0292

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A. L. Saland Insurance Solutions, Inc
2. The principal office address: 25344 Wesley Chapel Blvd, Suite 102 Lutz FL 33559
3. The mailing address (if different): PO Box 1037, Land O Lakes FL 34639

4. Date of incorporation/qualification: 4/29/2005 Document number: P05000064551
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

22515 KINGSLEY LN

LAND-O-LAKES, FL 34639

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

25344 Wesley Chapel Blvd, Suite 102

Lutz FL 33559

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

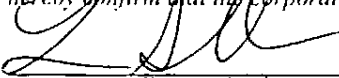


Signature of an officer or director

LESLIE SALAND

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. *Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



Signature of Registered Agent

11/8/18

Date

If signing on behalf of an entity:

LESLIE SALAND

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FL

2018 NOV 21 PM 5:05

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