

PO5000158813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

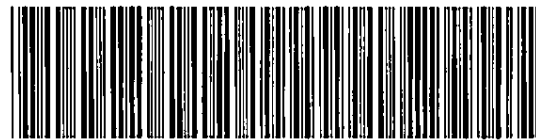
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/4/18 Mr. Mario Reno
authorized to chg
just the address of
registered agent / princ / mailing

Office Use Only



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12/08/17--01016--009 ♦♦35.00

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R. WHITE
JAN 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2017

MARIO W PINO
10661 N KENDALL DR STE 208
MIAMI, FL 33176

SUBJECT: MAX VALUE INSURANCE GROUP INC.
Ref. Number: P05000158313

We have received your document for MAX VALUE INSURANCE GROUP INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The statement of change of registered agent form cannot be used to make changes to the officer/director detail. Please see the enclosed information for making this change.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 417A00025056

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Max Value Insurance Group, Inc
Name of Corporation

DOCUMENT NUMBER: P05000158313

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:

Mario W. Pino

Name of Contact Person

Max Value Insurance Group

Firm/Company

10661 N. Kendall Dr, Suite 208

Address

Miami, FL 33176

City/State and Zip Code

mary@maxvalueins.com

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

For further information concerning this matter, please call:

Mario W. Pino

Name of Contact Person

at (305) 669-1879

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: Max Value Insurance Group, Inc.
2. The principal office address: 10661 N. Kendall Drive, Suite 208
Miami, FL 33176
3. The mailing address (if different): P.O. Box 442726
Miami, FL 33144
4. Date of incorporation/qualification: 12/01/2005 Document number: P05000158313
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)

Mario W. Pino, President

275 Fontainebleau Blvd, Suite 160 B
Miami FL 33172

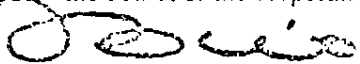
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

10661 N. Kendall Drive, Suite 208
P.O. Box NOT acceptable
Miami FL, 33176

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18 JAN -4 PM 2:25
TALLAHASSEE, FL


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

Mario W. Pino, President
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

12/15/17
Date

If signing on behalf of an entity:

Mario W. Pino
Typed or Printed Name

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