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SECRETARY OF STATES
LLAHASSEE. FLORIDE

OTTO

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COVER LETTER

TO:	Amendment Section Division of Corporations				
ŞUBJ	ECT: Alvarez Insurance & Financial Ser	vices, Inc.			
	(Name of Co	rporation)			
DOC	UMENT NUMBER: P07000070291				
The er	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.			
Please	e return all correspondence concerning this matter t	o the following:			
	•				
	Miguel J. Alvarez				
(Name of Contact Person)					
Alvarez Insurance & Financial Services, Inc.					
	(Firm/Company)				
2910 Pleasant Hill Road					
	(Addre	ss)			
	Kissimmee, FL 34746				
	(City/State and Zip Code)				
For fu	rther information concerning this matter, please ca	и:			
Migue	el J. Alvarez	at (407) 483-9090			
	(Name of Contact Person)	at (407) 483-9090 (Area Code & Daytime Telephone Number)			
Enclos	sed is a \$35.00 check made payable to the Departm	nent of State.			
	Mailing Address:	Street Address:			
	Mailing Address: Amendment Section	Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
	rananassee, FL 32314	Tallahassee, FL 32301			

TO:

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 State 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 in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered agent.	rida
The name of the corporation: Alvarez Insurance & Financial Services, Inc.	
2. The principal office address: 2910 Pleasant Hill Road, Kissimmee, FL. 34746	
3. The mailing address (if different): 2910 Pleasant Hill Road, Kissimmee, FL. 34746	
4. Date of incorporation/qualification: 6/15/2007 Document number: P07000070)291
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	he
Miguel J. Alvarez	
3107 Peachtree Circle	
Davie, FL. 33328	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SECRET
Miguel J. Alvarez	AR -3
2910 Pleasant Hill Road	Y R M
(P.O. Box NOT acceptable) Kissimmee, FL. 34746	The state of the s
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	ficer so
(Signature of an efficer or director) Miguel J. Alvarez , Director and (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 comple of my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	ete performance gent. Or, if this confirm that the
(Signature of Registered Agent) 12/28/2007	
(Signature of Registered Agent) If signing on behalf of an entity:	
Miguel J. Alvarez (Typed or Printed Name)	

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