

P14000 057 411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

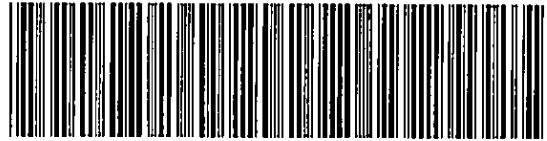
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700334750737

10/07/14-10/18/14-01F **35.00

FILED
2019 OCT -7 AM 8:46
TALLAHASSEE, FL

OCT 28 2019

C. Kins

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: Simily Insurance Advisor Inc.
2. The principal office address: 7911 NW 72nd Ave Suite 119B
Medley, Florida 33166
3. The mailing address (if different): P.O. Box 669273
Miami, Florida 33166
4. Date of incorporation/qualification: 07/04/2014 Document number: P14000057411
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)

Alama Advisor Group LLC.

7911 NW 72nd Ave Suite 119B

Medley, Florida 33166

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

Kirk De Leon, Esq.

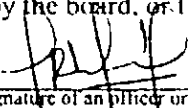
44 West Flagler St. Suite 2250

P.O. Box NOT acceptable

Miami, Florida 33130

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

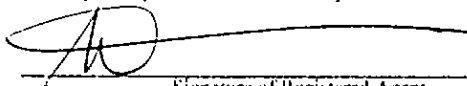
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lazaro Rodriguez

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

09/20/2019

Date

If signing on behalf of an entity:

KIRK DE LEON
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