## P2 1000061591

Special Instructions to Filing Officer:	
(City/State/Zip/Phone #)    PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #)    PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
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(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	PICK-UP WAIT MAIL
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Office Use Only



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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGES FOR BOTH FOR CORPORATIONS

Pursuant to the precisions 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  FL in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: COVERAGE INSURANCE AGENCY, INC.
2. The principal office address: 14750 NW 77th CT # 208 Miami Lakes, FL 33016
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/01/2021 Document number: P21000061597
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)
MAYLIN PLACERES-PERERA (RESIGNED)
17134 NW 87TH PLACE HIALEAH, FL 33018
6. The name and street address of the new registered agent (if changed) and /or registered office.  (if changed):  Lester Martinez.  14750 NW 77th CT #20 Niami Lakes, FL 33016  P.O. Box NOT acceptable
Lester Martinez
ني چې المار 14750 NW 77th CT لهي المار 14750 Lakes, FL 33016
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.
MAYLIN PLACERES-PERERA P (RESIGNED)
Signature of an officer of director 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 performanc 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.
Lester Martinez 4/15/2024
Date Date
If signing on behalf of an entity:
Typed or Printed Name

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