

P95000013288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

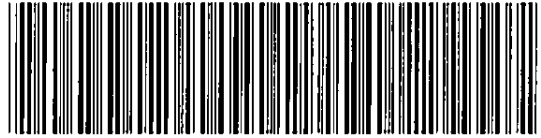
(Document Number)

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CLERK OF COURT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Altieri Transco American Claims Corporation
Name of Corporation

DOCUMENT NUMBER: P95000013288

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:

Andrew Altieri

Name of Contact Person

Altieri Transco America Claims Corporation

Firm/Company

400 N Tampa Street, Suite 1850

Address

Tampa, FL 33602

City/State and Zip Code

andy@altieriadjusters.com

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

For further information concerning this matter, please call:

Andrew Altieri

Name of Contact Person

at (813)

625-1042

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Altieri Transco American Claims Corporation
2. The principal office address: 400 N Tampa Street, Suite 1850, Tampa, FL 33602
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/16/1995 Document number: P95000013288
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)

ALTIERI, RAYMOND A. Jr.

14927 Devonshire Woods Place

Tampa, FL 33624

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

Andrew Altieri

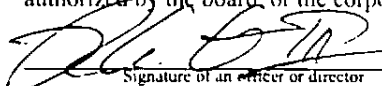
400 N Tampa Street, Suite 1850

P.O. Box NOT acceptable

Tampa, FL 33602

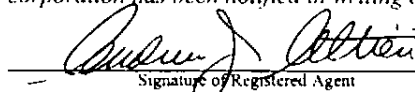
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Raymond Altieri III CEO
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

August 28, 2024
Date

If signing on behalf of an entity:

Andrew Altieri
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 (04/13)

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