

L08000076168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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10 JUL 14 PM 12:23  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

JUL 15 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Serenity Insurance Agency  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL 14 PM 12:23

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Alvarado  
Name of Person

Serenity Insurance Agency  
Firm/Company

688 South Drive  
Address

Miami Springs Fl. 33166  
City/State and Zip Code

David@flsia.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Alvarado at ( 305 ) 887-0213  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Serenity Insurance Agency

2. (a) Principal office address of limited liability company: 688 South Drive

(Note: MUST BE STREET ADDRESS)

Miami Springs FL 33166

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

688 South Drive

Miami Springs FL 33166

08/07/08

3. Date of filing/registration in Florida

L08000076168

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI SERVICES, INC.

Registered Office Address: 2731 EXECUTIVE PARK DRIVE, SUITE 4

WESTON, FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: David Alvarado

NEW Registered Office Address: 688 South Drive

(MUST BE FLORIDA STREET ADDRESS)

Miami Springs, FL 33166

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David Alvarado  
Signature of a member or authorized representative of a member

David Alvarado

Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

David Alvarado  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED IN STATE  
SECRETARY OF CORPORATION  
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