L12000010724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

ALFECOR LLC

SUBJECT: _____

Name of Limited Liability Company

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:

JIMMY H. MARURI

Name of Person

_____

Firm/Company

199 OCEAN LANE DRIVE #909

Address

KEY BISCAYNE, FL. 33149

City/State and Zip Code

J.MARURI@ATT.NET

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

For further information concerning this matter, please call:

JIMMY H. MARURI   at (305) 409-8989

Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

Enclosed is a check for the following amount:

❏ $25 Filing Fee   ❏ $55 Filing Fee & Certified Copy
■

INHS18 (5/08)

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: ALFECOR LLC

2. (a) Principal office address of limited liability company: 199 OCEAN LANE DRIVE #909
    (*Note: MUST BE STREET ADDRESS*)   ~~KEY BISCAYNE, FLORIDA 33149~~

   (b) Mailing address of limited liability company: 199 OCEAN LANE DRIVE #909
    (*Note: MAY BE POST OFFICE BOX*)   ~~KEY BISCAYNE, FLORIDA 33149~~

1/29/2010

3. Date of filing/registration in Florida

L.I 000010721

4. Document number

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

   Registered Agent: GLOBAL INVESMENTS ADVISORY SOLUTIONS LLC

   Registered Office Address: 1805 PONCE DE LEON BLVD.
     PH-510
     CORAL GABLE, FLORIDA 33134

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

   NEW Registered Agent: JIMMY H. MARURI

   NEW Registered Office Address: 199 OCEAN LANE DRIVE #909
   (MUST BE FLORIDA STREET ADDRESS)
     KEY BISCAYNE   ,FL 33149

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.

_____
Signature of a member or authorized representative of a member

JIMMY H. MARURI
Printed or typed name of signee

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.

_____
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (05/08)