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TO:

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Registration Section Division of Corporations

FEDERAL SENTENCING ALLIANCE, CHARTERED 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: JOE PAPPACODA Name of Person FEDERAL SENTENCING ALLIANCE Firm/Company P.O. BOX 551498 Address FORT LAUDERDALE, FLORIDA 33355 City/State and Zip Code FEDERALSENTENCINGALLIANCE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOE PAPPACODA 954 560-2616 at (Name of Person Area Code & Davtime 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

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

Pursuant to the provisions of sections 605,0114 or 605,0116. 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. N	ame of the limited liability company:FEDERAL S	SENTEN	CING ALL	IANCE, CHA	ARTE	RED	
2. (a)		- (1	o)		•		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	11590 SW 25 STREET		P.O. BOX 551498				
	DAVIE, FLORIDA 33325		FORT LA	AUDERDALI	E, FL	ORIDA 33355	<u>,</u>
	12/18/18		L1800028	7863			
3.	Date of filing/registration in Florida	4.		Document nur	nber	-	
5. (a	, JOE PAPPACODA						
-1. (it)	Registered Agent and Registered Office shown on the records of 11590 SW 25 STREET	of the Florid	ne Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	DAVIE	33325		Ze se			
(b)	RICHARD L. ROSENBAUM, ESQUIRE			1	YAH ELES		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Registered Office address:		65.1 E.	² 2 4	1 - 2	
	LAW OFFICES OF RICHARD L. ROSENBA						
	NEW Registered Office Address:				A ≡ :	g 11 2 3 34	
	315 SE 7TH STREET. SUITE 300		<u> </u>		<u>ස</u> යා		
	FORT LAUDERDALE	_{TL} 33301					
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized began affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability ed of the lim te limited l	stered office ompany, it is sited liability	and the busing hereby confired company or a pany.	ess offi med th	ice of the registe tat the change(s)	ered
Signature of a member or authorized representative of a member			-	Printed or typed name of signee			
provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely inflect a change in the registered office address, d'in vriting of this change.	gree to act te perform led for in (I hereby c	t in this capa ance of my a Chaptèr 605, onfirm that t	city. I further luties, and I an F.S. Or, if th he limited liab	agree n famil is docu ility co	to comply with the liar with and accument is being fit impany has been	the cept led i

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

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