## 123000243341

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(Address)					
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(City	/State/Zip/Phone #)				
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## COVER LETTER

Division of Corporations						
ALPAS CAPITAL, LLC SUBJECT:						
	imited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt	er to the following:					
GEORGE DENNISON II						
Name of Person	<del></del>					
DENNISON & MATTHEWS, PLLC						
Firm/Company	<del></del>					
7575 Dr. Phillips Blvd. Suite 170						
Address	<del></del>					
Orlando, Florida 32819						
City/State and Zip Code						
george@dennisonmatthews.com						
E-mail address: (to be used for future annual rep	ort notification)					
For further information concerning this matter, please	call:					
GEORGE DENNISON II at (	407 7207441					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:						
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

## 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.

i.	Na	me of the limited liability company: ALPAS CAPITA	L, LLC			
2. (	a)			(h)		
,	/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)_	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		7575 DR. PHILLIPS BLVD SUITE 170		7	575 DR. PI	HILLIPS BLVD SUITE 170
		ORLANDO. FL 32819	<u> </u>	c	RLANDO	. FL 32819
		05/17/2023		1.2	300024334	1
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)					
	(-)	Registered Agent and Registered Office shown on the records of	the Flori	ida De	pt. of State:	
		CORPORATE AGENT ALLIANCE LLC				;··.
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRE.	<u>SS)</u>		<i>₹</i> 8
	3300 S HIAWASSEE RD. SUITE 106					SE
		ORLANDO	32835			23 SEP 13 PH 12: 32
		. 112	·			3 D
(	b)					43. <b>17</b>
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddre	<u>55</u> :	<u> </u>
		CORPORATE AGENT ALLIANCE LLC	v			
		NEW Registered Office Address:		-		
		7575 DR. PHILLIPS BLVD. SUITE 170				
		ORLANDO FL	32819			
If th	e lii	mited liability company is not organized under the law	is of th	a Sta	to of Flori	do is in homely, and Court states of the
char	ige	or changes are made, the Florida street address of the	registe	red o	ffice and t	the business office of the registered
ager	II W	ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o	bility c	omp	anv, it is h	ereby confirmed that the change(s)
the a	ırtic	eles of organization or the operating agreement of the l	limited	liabi	lity compa	any.
				6	1 760 []	- 12 m 25 m
Sig	mati	are of a member or authorized representative of a member	_	<del></del>	(	rinted or typed name of signee
prov the o to m	ısıc. əbli ere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h in writing of this change.	e to ac perforn for in ereby c	et in t nance Chaj confu	his capaci e of my du oter 605, F em that the	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed a limited liability company has been
Sion	ainer	of Registered Agent				