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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT:	ALONAI CO		
		rame or oc	riporation	
DOC	UMENT NUMBER:	P100	00049281	<u> </u>
The e	nclosed Statement of Change	of Registered Office	/Agent and fee are subm	itted for filing.
Please	return all correspondence co	oncerning this matter	to the following:	
		ANDRES M		
		Name of Con		
		ALONAI	CORP.	
		Firm/Co		
		7309 N.W. 46	TH STREET	
	**************************************	Addr		
		MIAMI, FL 3	3166-6424	
		City/State and	d Zip Code	
		" ' "	•	
	F.mail addres	maniynvigil@)	/ahoo.com ture annual report not	fication)
	L-man addics	s. (to be used for fu	ture annual report not	incation)
For fu	rther information concerning	this matter, please ca	all:	
	MARILYN VI	GIL	at (786)	263-0870
	Name of Contact Po	erson	Area Code & Day	263-0870 time Telephone Number
Enclo	sed is a \$35.00 check made p	ayable to the Departr	nent of State.	
	Mailing A	ddress:	Street Address	<u>:</u>
			Amendment S	
	Division P.O. Box	of Corporations	Division of C	•
		ee, FL 32314	Clifton Buildi 2661 Executiv	ng ve Center Circle
	i di idilass	, I = J#J I =	Tallahassee I	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted fo	or a corporation organiz	, 607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	te of FLORIDA	
1. The name of the	he corporation:	ALONAI CORI	P.		
2. The principal		7309 N.W. 46TH			
		MIAMI, FL 33166	-6424		_
3. The mailing ac	ddress (if different	i):			_
4. Date of incorp	oration/qualificati	on:06/10/10	Document number:	P10000049281	_
		resigned, enter resigned	ent and registered office on t	2012 AF	
6. The name and (if changed):			(if changed) and /or register	8	1
		P.O. Box NOT a	AMI, FL 33166-6424	·	
_			ddress of the business officeby its board of directors or fied in writing of the change		
Sionshim	e of an officer or directo		ANDRES MACHAE	OO, PRESIDENT	
•			agree to act in this capaci es relative to the proper a ation of my position as reg registered office address, I		
Sign	ature of Registered Age	ent	Date		
If signing on bel	nalf of an entity:				
Ту	ped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *