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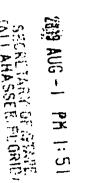
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ALPHA AUTO CENTER, INC

Name of Corporation

DOCUMENT NUMBER

P94000027425

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:



Name of Contact Person

ALPHA AUTO CENTER,INC

Firm/Company

6023 SAGE DRIVE

Address

ORLANDO, FL 32807

City/State and Zip Code

ALPHA2926@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MARTHA L. RAMIREZ

Name of Contact Person

07 ,222-9044

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607,0502, 617,056 nange is submitted for a corporation organ ler to change its registered office or regist	nized under the laws of the State of <u>F</u>	FLORIDA
1. The name of	The corporation: ALPHA AUTO	CENTER,INC	
2. The principal	al office address: OLD: 2922 N. ORA 2904 N. ORANGE BLOSS	NGE BLOSSOM TRL., OR	
3. The mailing a	address (if different): 6023 SAGE	DRIVE	
	ORLANDO,	FL 32807	
4. Date of incor	rporation/qualification: 04/08/1994	Document number: P9400	00027425
	nd street address of the current registered a artment of State: (If resigned, enter resigne		th the
	RICHARD RAMIREZ		
	2922 N. ORANGE BLO	SSOM TRL.	
	ORLANDO FL 32804	·	
6. The name and (if changed):	nd street address of the new registered age: :	nt (if changed) and /or registered off	ice
	RICHARD RAMIREZ		MI AUG-1
•	2904 N. ORANGE BLOS		1000
	ORLANDO FL 32804	acceptable	THE THE
The street addr	ress of its registered office and the street ll be identical.	address of the business office of its	registered agent,
Such change w authorized by t	vas authorized by resolution duly adopted the board, or the corporation has been no	I by its board of directors or by an outfied in writing of the change.	officer so
m/cutte	ture of an inflicer or director	MARTHA L. RAMIRI	· · · · · · · · · · · · · · · · · · ·
I hereby accept I further agree performance of agent. Or, if th hereby confirm	of the appointment as registered agent and to comply with the provisions of all state of my duties, and I am familiar with and a his document is being filed merely to reflor that the corporation has been notified in	d agree to act in this capacity, utes relative to the proper and com accept the obligation of my position ect a change in the registered officing writing of this change.	plete as registered e address, l
(Signal	ignature of Registered Agent	07/29/2019	
If signing on be	ochalf of an entity.		
	D RAMIREZ		
	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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