M04000006802

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(, ,	uicooy				
(Cit	y/State/Zip/Phon	e #)			
D DIOLEUD					
☐ PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Do	cument Number)	<u> </u>			
,		,			
O-45-4 O-5-		1 Ct-t			
Certified Copies Certificates of Status					
Special Instructions to I	Filing Officer:				
!					
		10			
	(03101			
	Office Use Of	thy 1/1/LOD U			



700074065347

05/08/06--01047--003 **25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: ALCAT FT. MYERS		J r 1-1.11	t- C		_	
(Name	of Limite	d Liabili	ty Company)			
Dear Sir or Madam:	1000	CI.	10 ()	1 10 10 0	,.	
The enclosed Registered Agent/Registered	ed Office	Change a	and iee(s) are si	ibmitted for fi	ling.	
Please return all correspondence concern	ing this n	natter to t	he following:			
Henri J. DesPlaines			_			
(Name of Person)						
S/a I I Warden Or	_					
o/o J. J. Taylor Companies, (Firm/Company)	inc.		-			
(I min company)						
655 North AlA					. e	
(Address)				w = 1	06 MAY -8 PM 1: 08 SECRETE OF STATE TALLALLSSEE FLORID	
					超イ	
Jupiter, FL 33477					65 0	
(City/State and Zip Code)			•		Ha R	
					1000	
For further information concerning this m	atter, ple	ase call:			黄品 8	
Rosemary Jones	at (_	561)_354-2900	4	- •	
(Name of Person)	at (_		Area Code & Da	aytime Teleph	one Number)	
		•		•	,	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O. 1	LING ADDRES stration Section ion of Corporation Box 6327 hassee, Florida 3	ons		
Enclosed is a check for the follow	wing amo	ount:				
\$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 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. The name of the limite	d liability company is:	ALCA	T FT. MYERS, LL	c ·		_•
2. The mailing address of	f the limited liability co	mpany i	s: <u>655 North AlA</u>			<u>_</u> .
			Jupiter, FL	33\$77		 .
May 1, 2006			M040000008	02		
3. Date of filing/registration in Florida		4. Document number				
5. The name of the register Florida Department of		tered off	ice address as show	n on the reco	ords of the	
	CT Corporation S	System				
		Name				
	1200 South Pine	Island	Road	_		
	Plantation, FL	Address 33324				
	City,	State and	d Zip			
6. The name and address of	of the new registered as	gent and/	or office:		0	
		-			2 88 3 3 3 3 3 3 3 3 3 3	
	Henri J. DesPlat	ines			<u>F</u> 2 3	
	1	Name			聖 &	
	o/o J. J. Taylo				禁型	[
	Florida street address	(P.O. B	ox NOT acceptable))	9 ×	
	Jupiter	FL	33477		DE MAY -8 PM 1: UO	֖֝֝֝֝֡ כ
	City, S	tate and	Zip		कुल ०	D
If the limited liability come confirmed that after the cleand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority Henri J. DesPlain	nange or changes are methe registered agent with the registered agent with the company at of the limited liability limited liability limited representative of a member series are members.	ade, the II be ider change(or as oth compar	Florida street addres ntical. Or, in the cas s) was/were authoriz erwise provided in t	s of the regi se of a Florid zed by an af	istered office da limited firmative vote	l
menta o. nestratii						

(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 pereby 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