N1700009755

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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 4 2021

S. PRATHE

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ALLEP, INC	·
Name of Corporation	
DOCUMENT NUMBER: N17000009788	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Sergei Lepeshinski	
Name of Contact Person	
ALLEP, INC	
Firm/Company	
172 Canterbury PI	
Address	
Royal Palm Beach, FL 33414	
City/State and Zip Code	
allefencingclub@gmail.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Sergei Lepeshinski	at (818) 6357758 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 6 ange is submitted for a corporation organized under the la er to change its registered office or registered agent, or bot	ws of the State of Florida	this	
	the corporation: ALLEP, INC	m, m me siale oj Florida.		
2. The principal	office address: 172 Canterbury Pl. Royal Palm Beach, FL 33	3414		
3. The mailing	address (if different):			_
4. Date of incor	poration/qualification: 09/29/2017 Document	number: N17000009788	<u></u>	_
	d street address of the current registered agent and registere rument of State: (If resigned, enter resigned)	ed office on file with the		
	UNITED STATES CORPORATION AGENTS, INC.			
	5575 S. SEMORAN BLVD. SUITE 36			2021
	ORLANDO, FL 32822		NETA HAS	2021 SEP 27
6. The name an (if changed):	d street address of the new registered agent (if changed) an	d /or registered office	CRETARY OF S	27 PM 6:0
	Sergei Lepeshinski		STATE	9: C
	172 Canterbury Pl. Royal Palm Beach, FL 33414		Þ.,	7
	P.O. Box NOT acceptable			
_	ess of its registered office and the street address of the bulbe identical. as authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing the board, or the corporation has been notified in writing the board.			
authorized by t	With	-		
\mathcal{A}	Sergei Lepeshin			
I haraby haan	the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to the I am familiar with and accept the obligation of my posing filed merely to reflect a change in the registered offices been polified in writing of this change.	ted or typed name and title this capacity. te proper and complete pe- tition as registered agent. te address, I hereby confiri	rformance Or, if this m that the	?
	Sergei Lepeshin	ski		
Sig	exature of Registered Agent	Date		
If signing on be	chalf of an entity:			
	yred or Printed Name			

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

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)