Name and Address of Current Registered Agent:					
ROBERTS, RUSS 230 GALLEON DF POINT VEDRA, F	RIVE				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:	RUSSELL ROBERTS			01/05/2023	
	Electronic Signature of Registered Agent			Date	
Authorized Pe	erson(s) Detail :				
Title N		Title	OPERATIONS DIRECTOR		

Title	MD	Title	OPERATIONS DIRECTOR
Name	GARCIA, JOHN A	Name	GARCIA, KATHLEEN I
Address	4085 CIBOLO CANYONS, SUITE 200	Address	4085 CIBOLO CANYONS, SUITE 200
City-State-Zip:	SAN ANTONIO TX 78261	City-State-Zip:	SAN ANTONIO TX 78261

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARCIA, JOHN A

01/05/2023 MANAGING MEMBER

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1600002356

Entity Name: ALPHA FACILITIES SOLUTIONS, LLC

Current Principal Place of Business:

4085 CIBOLO CANYONS, SUITE 200 SAN ANTONIO. TX 78261

Current Mailing Address:

4085 CIBOLO CANYONS, SUITE 200 SAN ANTONIO, TX 78261 US

FEI Number: 26-0845867

Name

FILED Jan 05, 2023 Secretary of State 5884422315CC

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

Date