F04000003214

·1;	(Requestor's Nam	18)
	• .	
z	(Address) ·	
<u> </u>	(Address)	
		× .
	(City/State/Zip/Ph	ione #)
PICK-L	JP WAIT	MAIL .
	(Business Entity I	Name)
•		
	(Document Numb	per)
Certified Copies	Certifica	ates of Status
Special Instruction	ns to Filing Officer:	
A. 박사 (편)		

Office Use Only



500182600135

07/02/10--01011--012 **35.00

RA Rock



Washers July 0 6 2016

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Atternatives Unlimited Inc. Name of Corporation	
DOCUMENT NUMBER: F04000003214	
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:	
Amy Tumes Name of Contact Person	
The Law Officer of Street Rescer, LLC	
13705 Madison Ave Suite lo	
Lakewood, Chio 44107 Clty/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (OLG) 370 7134 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

Pirsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: Atternatives Unlimited, Joc.
2. The principal office address: 8508 Loch Rowen Blvd., Suite E
Baltimore, MD 21386
3. The mailing address (if different): 13705 Maolison she Suite In
Lakewood, Chio 44107
4. Date of incorporation/qualification: 6/7/64 Document number: F0400003314
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Gerald Luongo
531 North Ocean Blvd 1606
Pampano, FL 33002
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David McCollum 5
1531 NW Federal Hwy P.O. Box NOT (cceptable)
Lane Worth, FL 33460.
The street address of its registered office and the street address of the business office of its registered agent.
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.
Stront Benger
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 obligation of my position as registered agent. Or, if this accument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
() mc Colle 6/7/10.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed 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 (8/05)