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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: ALPS HOLDING CORPORATION

Name of Corporation

POCUMENT NUMBER, F08000002323

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:

MERRITT A. GARDNER

Name of Contact Person

**GARDNER LAW FIRM** 

Firm/Company

5415 MARINER STREET, STE. 200

Address

TAMPA, FLORIDA 33609

City/State and Zip Code

MGARDNER@MAGARDNER.COM

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

For further information concerning this matter, please call:

MERRITT A. GARDNER

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 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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of	NEVAD		
1. The name of	the corporation: ALPS HOLDING CORPORATION			
2. The principal	office address: 2895 42ND AVE. NORTH			
	ST. PETERSBURG, FLORIDA 33714			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 05/22/2008 Document number: F0800	00023	23	
5. The name and	d street address of the current registered agent and registered office on tile writnent of State: (If resigned, enter resigned)	ith the		
	ROBERT KAPUSTA, JR.			
	100 2ND AVE. SOUTH, SUITE 701	-		
	ST. PETERSBURG, FLORIDA 33701	S.	20	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	CKE:/A	1 - NUL 6182	
	MERRITT A. GARDNER	AS:	<del>_</del>	1
	5415 MARINER STREET, SUITE 200	EF.	AM 10: 5	
	P O Box NOT acceptable		Ö	
	TAMPA, FLORIDA 33609		Ö	
The street addre	ess of its registered office and the street address of the business office of it be identical.	ts registere	ed agent	ι,
Such change wa authorized by th	as distributions as a second of directors or by an he did not the corporation has been notified in writing of the change.	officer so		
	ALDO A. LAGHI, PRES		·	
l hereby accept	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and common with the provisions of all statutes relative to the proper and common duties, and I am familiar with and accept the obligation of my position is plocument is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	unlate	ered ;, I	
	July 2 20	019		
Sign	nature of Registered Agent Date			
0 0	half of an entity:			
	A. GARDNER			
Ty	yped or Printed Name			

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