Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LICENSES ETC INC

Account Number : I20070000159 Phone : (239)777-1028

Fax Number : (877)275-3593

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE ALCALA CONSTRUCTION MANAGEMENT, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

ALCALA CONSTRUCTION MANAGEMENT, INC. F12000002726

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:

Todd Babbitt Name of Contact Person Licenses, Etc., Inc. Firm/Company 886 110th Ave. N. Suite 6 Naples, FL 34108

support@licensesetc.com

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

For further information concerning this matter, please call:

Todd Babbitt Name of Contact Person

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

CR2E045 (03/12)

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

	provisions of sections 607.0502, 617.0		·		
	ange is submitted for a corporation org er to change its registered office or reg		• • — — —		
		Ū	•		
	the corporation: ALCALA CONS			··· · · · · · · · · · · · · · · · · ·	
2. The principal	office address: 1902 ABBEY CT	ALPHARETT	A, GA 30004		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. The mailing	address (if different):		·		
	06/20/2012		E4200000270		
	poration/qualification: 06/29/2012			D	
	d street address of the current registere runent of State: (If resigned, enter resigned,		ed office on file with the		
	BETSY NIEPORTE				
	404 SW 7TH TERR				
	BOCA RATON, FL 33486			ಚ	SI Si
6. The name an (if changed):	d street address of the new registered a	gent (if changed) ar	nd/or registered office	X UC	CRETA-
•	LICENSES, ETC., INC.			25	
	886 110th AVE. N. SUITE	6	<u> </u>	P	끊무급
		IOT acceptable	· · · · · · · · · · · · · · · · · · ·	?	### >>
	NAPLES, FL 34108			20	쿵투
The street addr	ess of its registered office and the stre	et address of the bu	siness office of its registered	í agent,	• ,
Such change w	as authorized by resolution duly adopted by the corporation has been	ted by its board of	directors or by an officer so		
Zumorizet oya	The corporation has been				
Signati	dre of an officer of director		ALCALA, PRESIDEN and or typed name and title	. 1	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	and agree to act in latutes relative to the diaccept the obligate eflect a change in the din writing of this	this capacity. he proper and complete tion of my position as registe he registered office address, change.	red I	
		6/24/13			
Sig	mature of Registered Agent	******	Date		
If signing on bo	half of an entity:		•		
	•	4	And the control of the second of the control of the	·	· :
7	yped or Printed Name				
	* * * FILING I	FEE: \$35.00 * * *			
) /				