## Florida Department of State 832 Division of Corporations Electronic Filing Cover Sheet

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## REGISTERED AGENT CHANGE ALPINE BUSINESS GROUP, INC.

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

15129570210

Division of Corporations ALPINE BUSINESS GROUP, INC. Name of Corporation F18000000832 DOCUMENT NUMBER: 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: Joshua Murphy Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy 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
The Centre of Tallahassee
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 cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or or to change its registered office or r	organized u	nder the law	vs of the State of	New York		
1. The name of t	the corporation: ALPINE BUSI	NESS G	ROUP, II	NC.			
2. The principal	office address: 30 EAST 33R	D STRE	ET NEV	V YORK, N	Y 10016		
•	iddress (if different):						
4. Date of incorp	poration/qualification: 2/19/2018	8	Document n	number: F180	00000832		
	I street address of the current register riment of State: (If resigned, enter re		nd registere	d office on file v	with the		
	BLUMBERGEXCELSIOR C	ORPORA	ATE SER	VICES, INC.			
	155 OFFICE PLAZA DRIVE		1ST F	LOOR	_		
	TALLAHASSEE		FL	32301	_ 	2022 JUL -6	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.							
	155 Office Plaza Dr.		Suite A		- SSC	AM	į
		P.O. Box NOT a		<del>-,-</del> ,,	— Est	ထ္ ယ	•
	Tallahassee	FL	32301	<u> </u>	- - 1.E.	36	
The street addresses changed will	ess of its registered office and the s be identical.	street addre	ss of the bus	siness office of	its registered	agent,	
Such change wa authorized by th	as authorized by resolution duly ad he board, or the corporation has be	lopted by it en notified	s board of d in writing o	lirectors or by a of the change.	n officer so		
/s/ HOW	ARD S.	HOV		PASTER	President		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	It statutes re le obligation e in the regi.	ee to act in t elative to the n of my posi	e proper and co tion as register	omplete perfoi ed agent. Or	rmance if this hat the	
Modeen	ZUOT	06	/17/2022	<u>}</u>			
	nature of Registered Agent			Date			
	half of an entity:						
	Assistant Secretary						
17	yped 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)