

L02000034865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

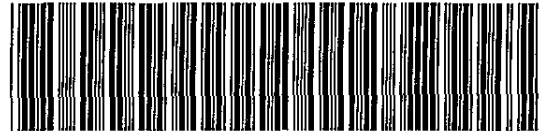
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300019853963

05/27/03--01041--002 **25.00

03 MAY 27 AM 9:20

FILED

RECEIVED

5/29
[Signature]

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ALMIS LLC
2. The mailing address of the limited liability company is: 4953 Palm Brooke Circle
West Palm Beach, FL 33417
3. Date of filing/registration in Florida: Dec 27, 2002
4. Document number: L02000034865
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MICHAL SZPREGLEWSKI
Name
21102 GLENMOOR DR
Address
WEST PALM BEACH, FL 33409
City, State and Zip

6. The name and address of the new registered agent and/or office:

MICHAL SZPREGLEWSKI
Name
4953 PALM BROOKE CIRCLE
Florida street address (P.O. Box NOT acceptable)
WEST PALM BEACH FL 33417
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michael Szpreglewski
(Signature of a member or authorized representative of a member)

MICHAL SZPREGLEWSKI
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael Szpreglewski
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
03 MAY 27 AM 9:20
TALLAHASSEE, FLORIDA