## 100000073849

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STABLES AND AND INC.

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Alcove Toucker (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Elizabeth Marti (Name of Person)	
Alcour Investments (Firm/Company)	
888 Brickell Kry Dr (Address)	<u>≠ 400</u>
Micmi FL 33131 (City/State and Zip Code)	<del></del>
For further information concerning this matter, plea	ase call:
(Name of Person)	305) 776-5779 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	•
□\$25 Filing Fee	\$55 Filing Fee & Certified Copy

## • 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.

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agent, or both, in the blace of Frontia.
1. The name of the limited liability company is: Alcour truestments.
2. The mailing address of the limited liability company is: 588 Brickell KryD#40
Micmi, Fl 33131
3. Date of filing/registration in Florida  LOSOCO 73849  4. Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Fahad Ar-Shamlan Name
Address  Micmi FL 33131  City, State and Zip  6. The name and address of the new registered agent and/or office:  Name  Name  Name
City, State and Zip
6. The name and address of the new registered agent and/or office:
Elizabeth Marti
Name OF TO
Name  STS Brickell Kry Dr #400  Florida street address (P.O. Box NOT acceptable)
City, State and Zip
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.
(Signature of a member or authorized representative of a member)
(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 pereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)