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COVER LETTER

TO:	Registration Section Division of Corporations				
SUB.	JECT: AlphaGen Companies, LL (Name of		pility Company)	-	
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered	Office Chan	ge and fee(s) are submitted for fil	ing.	
Pleas	e return all correspondence concernir	g this matter	to the following:		
Nath	aniel K. Mathes				
	(Name of Person)				
Alph	aGen Companies, LLC (Firm/Company)	<u>.</u>			
	(*************************************			. 2	<u> </u>
1180	Spring Centre South Blvd. Ste. 3	340		96	SE(
	(Address)			SEP	CRE T
Altan	nonte Springs, FL 32714			2006 SEP 15 PH12: 4	ARY OF
	(City/State and Zip Code)			3 H.	ASD.
For fi	urther information concerning this ma	utter, please ca	all:	14:5	TIONS
Nath	aniel K. Mathes	at (407) 699-0055	_	
	(Name of Person)	-	(Area Code & Daytime Teleph	one Numi	ber)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	egistration Section Vivision of Corporations O. Box 6327 allahassee, Florida 32314		
	Enclosed is a check for the follow	ing amount:			
	 ▼ \$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.

Altamonte Springs, Fl	22714		Blvd. Ste. 340	
Altamonte Springs, Fi	L 32/14	11.7		
November 08, 2005		L05000108473		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the r Florida Departme	nt of State:	red office address as shown on the	records of the	
	Joseph A Mills	T		
		lame		
	906 Sycamore LN			
		idress		
	Orlando, FL 32714			
	City, St	ate and Zip	~ ≈	
6. The name and add	dress of the new registered ager	nt and/or office:	SECRETY NATISION OF 2006 SEP	
	Nathaniel K. Mathes		# OF T	
	Na	me	ARY CITY	
	1180 Spring Centre Sou	th Blvd. Ste. 340	~ 5890	
	Florida street address (I	P.O. Box NOT acceptable)	OF STATE OR STATE OR PORATIONS	
	Orlando, FL 32714	FL	5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
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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.

Jen miner	
(Signature of a member or authorized representative of a member)	
Maniel Mathes (Printed or typed name of signee)	
(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.

(Signature of Registered Agent)

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