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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: ALONSO-HUDSON HOLDERSS, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RIChard L. Hudson (Name of Person)
ALONSO- HUDSON HOLDERSS, LLC (Firm/Company)
4371 E COUNTRY CLUB CER
(Address)
Plantated FLORIDA 33317 (City/State and Zip Code)
(City/state and Zip Code)
For further information concerning this matter, please call:
REchard C. Hudson at (305) 505-5499
(Name of Person) (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 amount:

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

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 under	signed	limited
liability compan agent, or both, ii	y submits the	following	statement i	n order to	change	its registe	ered office	e ör reg	zistered
agent, or both, ii	1 the State of F	Florida. 🏲			•	_		_	-

1.	The name of the lin	mited liability cor	npany is:	Alones - Hus	602	Howare	s, uc	_
	The mailing address							
_	Plantateun	FLORIDA	33317			·		
	12/20/2003	S		Lo	500	620E610		
3.	Date of filing/regis	tration in Florida		4. Doc	umer	it number		••

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

HORACT	o Alonso	76	
	Name		
340 N	E 1315T	S	マ
	Address		•••
MD RTH	W. HALLT		33161
	City, State and	Zip	

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

RECHARD L.	Itudeon
Name	Club CIR
Florida street address (P.O	
PLANTATEON FL	33317
City, State a	nd 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 hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 07 JAN -3 PH 1: 11.