## L060000079048

(F	Requestor's Name)					
(A	ddress)					
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SECRETARY OF STATE SALLAHASSEEJFLORING

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OCT - 5 2010

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
	<b>.</b>					
SUB.		lpha Th f Limited				
Dear	Sir or Madam:					
Thor	malacad Basistanad Assaut/Basistana	1 () <del>(</del> ( ) ( ) ( )	Chan as	and fo	anda) and authoristant for filing	
	enclosed Registered Agent/Registered				•	
Pleas	e return all correspondence concerni	ng this m	atter to	the fol	llowing:	
	Jodie P. Baugh					
	Name of Person				¥ 2	2
		_			LLL AND THE STATE OF THE STATE	2
	Alpha Three Realty LLC Firm/Company	<u> </u>		-		<u> </u>
	rinivConspany	4 ***			STERETARY I	
	800 Leeland Heights Blvo	1 14/			TARY OF STATE ASSEE, FLORIDA	
	Address	1 44				C
					元 研究	
	Lehigh Acres, FI 33936	3				
	City/State and Zip Code			_		
-	jodie@alphathreerealty.c E-mail address: (to be used for future annual repo	om		_		
1	e-mail address: (to be used for future annual repo	nt notificati	on)			
For f	urther information concerning this m	atter, pie	ase call	:		
	Jodie Baugh	at (_	239	ب_ر	823-1544	
	Name of Person			Area Co	de & Daytime Telephone Number	
	STREET/COURIER ADDRESS:				G ADDRESS:	
	Registration Section Registration Section Division of Corporations Division of Corporations					
	Division of Corporations Clifton Building	P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32314					
	Tallahassee, Florida 32301					
	Enclosed is a check for the follow	wing am	ount:			
	\$25 Filing Fee  \$\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}					
			لتا		•	

## 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. Name of the limited liability company:	Alpha Three Realty LLC
2. (a) Principal office address of limited liability compar	ny: 800 Leeland Heights Blvd W
(Note: MUST BE STREET ADDRESS)	Lehigh Acres, Fl 33936
(b) Mailing address of limited liability company:	800 Leeland Heights Blvd W
(Note: MAY BE POST OFFICE BOX)	Lehigh Acres, FI 33936
	2
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Jodie P. Baugh
Registered Office Address:	327 Beachwood Ave
	¥11, 60
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:
<del></del>	0001 1 11111111
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	800 Leeland Heights Blvd W Lehigh Acres,
	"FL <u>33936</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited
V	
TO DIE P. BAUGH Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my 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

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