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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
· ·						
(Document Number)						
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SECRETARY OF STATE
ALL AHASSEF, FI ORID

D. BRUCE
OCT 6 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ		RNATIV			IONS, LLC	;		
				J	,,			
Dear S	Sir or Madam:							
The e	nclosed Registered Agent/Registere	d Office	Change	and f	ee(s) are subm	itted for fi	ling.	
Please	e return all correspondence concerni	ing this m	atter to	the fo	ollowing:			
	SHERRY S MATTOS	3						
	Name of Person			 -	,			
	ALTERNATIVE DIRECTION	IS, LLC						
	Firm/Company							
1	350 NORTH ORANGE AVENUE	SUITE	296			≥s	90	
	Address					LAH	09 OCT -5	-7
	WINTER PARK, FLORIDA	32789				TAR ASS	-5	P
	City/State and Zip Code					EE.		•
						S. H.	AH II: 31	
	alternativedirections@vaho	o.com				유조	ယ	
Alternative directions @yahoo.com E-mail address: (to be used for future annual report notification)					œ			
For fu	orther information concerning this m	atter, ple	ase call	i:				
	SHERRY S MATTOS	at (407)	644	-4367		
	Name of Person			Area Co	ode & Daytime Tel	lephone Numb	ег	
	STREET/COURIER ADDRESS:		MA	AILING	G ADDRESS:			
	Registration Section Registration Section							
	Division of Corporations Division of Corporations							
	Clifton Building). Box				
	2661 Executive Center Circle Tallahassee, Florida 32301		Tal	lahasse	ee, Florida 3231	14		
٠	Enclosed is a check for the follow	wing am	ount:					
	\$25 Filing Fee		\$ ′	55 Filis	ng Fee & Cert	ified Conv		

, 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:	me of the limited liability company:ALTERNATIVE DIRECTIONS, LLC						
2. (a) Principal office address of limited liability co	ompany: 1350 North Orange Avenue						
(Note: MUST BE STREET ADDRESS)	Suite 296 Winter Park, FLorida 32789						
(b) Mailing address of limited liability company							
(Note: MAY BE POST OFFICE BOX)	Suite 223 Winter Park, Florida						
February 5, 2007	L07000013998						
3. Date of filing/registration in Florida	4. Document number						
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
Registered Agent:	SHERRY S MATTOS						
Registered Office Address:	1350 North Orange Avenue						
	Suite 296 Winter Park, Florida 32789						
<u>NEW</u> Registered Agent:<u>NEW</u> Registered Office Address:<u>(MUST BE FLORIDA STREET ADDRES</u>)	1350 North Orange Avenue Suite 223						
	Winter Park ,FL 32789						
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 amaffirmative 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.							
Sherry S Mattos Printed or typed name of signee	——————————————————————————————————————						
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. On, if this document is being file address, I hereby confirm that the limited liability confirm the limited liability confirmation of the liab	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change. Box 6327, Tallahassee, FL 32314						

FILING FEE: \$25.00

INHS18 (05/08)