## L U8U00038836

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	A A	
	KA	

Office Use Only

B. KOHR

APR - 9 2012

**EXAMINER** 



700226980997

04/06/12--01017--037 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	and the second s
SUBJECT: ALTERN 8 LLC	•
Name of Lir	nited Liability Company
Dear Sir or Madam:	
Dear Sir of Madam.	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
KIRSTY BARANY	
Name of Person	
Firm/Company	
881 OCEAN DRIVE # 10	0.D
Address	
KEY BISCAYNE, FL.	<i>33149</i>
City/State and Zip Code	
KBORONIN @ VRONDA	6 ROLA
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter,	nlogsa call-
For further information concerning this matter,	, picase can.
KIZATY BORDAN	at ( <u>305</u> ) <u>3128804</u>
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	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.

agent, or both, in the state of rioriaa.	
1. Name of the limited liability company: PLTER	NS LLC
2. (a) Principal office address of limited liability compa	ny: <b>381</b> DUEAN DR. 10D
(Note: MUST BE STREET ADDRESS)	KITY BISCAYNE, FL 33149
(b) Mailing address of limited liability company:	881 OLEAN DR. 10D
(Note: MAY BE POST OFFICE BOX)	KAY BISCAYNE, FLESSEN
24/17/2008  3. Date of filing/registration in Florida	<u>L 18000038136</u> 4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	BARANY, KIROTY
Registered Office Address:	881 OCEAN DR 10.D KEY BISCAYNE, FL 33,149
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7.5 5W 7 TH STREET, SUITE 1814   HURH  ,FL 33130
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 ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office
K/RSTY BARANY Printed or typed name of signee	

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

Signature of Registered Agent