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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

AUG - 4 2009

EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		berone Financial, LLC
•	Name of	f Limited Liability Company
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
	<del></del>	
	Albert B Cipollone III	
	Name of Person	
	Alberone Financial, LLC	<u>.</u>
	Firm/Company	
	3418 Turningwind Lane	<u> </u>
	Address	
	Winter Garden, FL 3478	<b>7</b>
	City/State and Zip Code	
		·
	alberone@aol.com -mail address: (to be used for future annual repor	t notification)
For fu	rther information concerning this ma	tter, please call:
	Albert B Cipollone III  Name of Person	at ( 321 ) 206-1110  Area Code & Daytime Telephone Number
		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327
	Tallahassee, Florida 32301	Tallahassee, 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.

1. Name of the limited liability company:	Alberone Financial, LLC
2. (a) Principal office address of limited liability compan	y: 3418 Turningwind Lane
(Note: MUST BE STREET ADDRESS)	Winter Garden, FL 34787
(b) Mailing address of limited liability company:	3418 Turningwind Lane
(Note: MAY BE POST OFFICE BOX)	Winter Garden, FL 34787
06/30/2008	L08000063571
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	, -
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	······································
<u><b>NEW</b></u> Registered Agent:	Albert B Cipollone III
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3418 Turningwind Lane
	Winter Garden ,FL34787
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability 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 of fixe atical. Or, in the case of a Florida lighted of the same authorized by an affirmative of the same at
Albert B Cipollone III	
Printed or typed name of signee	<b>35</b>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand to the pand of the companies of t	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	