6/17/22, 4:27 PM

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CC@ABOGADOMIAMI.COM

LLC REGISTERED AGENT CHANGE
ALAIMO INVESTMENTS LLC

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COVER LETTER

гот.	ALAIMO INVESTMENTS LLC							
ECT:	Name of Limited Liability Company							
ir or N	Madam:							
closec	l Registered Agent/Registered (Office Change and	fcc(s) are submitted for filing.					
return	all correspondence concerning	this matter to the	following:					
E. Cal	deron							
	Name of Person		_					
еу М.	Wayne, P.A.							
	Firm/Company							
an Lore	enzo Ave., PH 840							
	Address							
Gables	, FL 33146							
	City/State and Zip Cod	c						
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E-mail	address: (to be used for future	annual report noti	fication)					
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E. Cal	deron	305 at (381-8108					
	Name of Person		Area Code & Daytime Telephone Number					
Reg Div P.C	gistration Section vision of Corporations D. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Divide ECT: Sir or Maclosecon return E. Callery M. Gables Dogado E-mail arther in E. Callery M.	Sir or Madam: Inclosed Registered Agent/Registered Contention all correspondence concerning E. Calderon Name of Person The Person Name of Person The Mayne, P.A. Firm/Company The Address Gables, FL 33146 City/State and Zip Code Congadomiami.com E-mail address: (to be used for future arther information concerning this mather.) E. Calderon	Division of Corporations ALAIMO INVESTMENTS LLC ECT: Name of Limited L Sir or Madam: Iclosed Registered Agent/Registered Office Change and return all correspondence concerning this matter to the E. Calderon Name of Person rey M. Wayne, P.A. Firm/Company an Lorenzo Ave., PH 840 Address Gables, FL 33146 City/State and Zip Code congadomiami.com E-mail address: (to be used for future annual report notice of the information concerning this matter, please call: E. Calderon Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327					

Enclosed is a check for the following amount:

S25 Filing Fcc

☐ \$55 Filing Fee & Certified Copy

Signature of Registered Agent

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

(a)	7791 NW 46TH ST	(b)	7791 NW	46TH ST			
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \	,.]	Mailing address (Note: MAY	of limited liab BE POST OF		
	SUITE 121 - 122	_	_	SUITE 12	1 - 122			
	DORAL, FL 33166	_	-	DORAL, I	FL 33166			
	07/24/2008		L	08000071:	261			
	Date of filing/registration in Florida	4.			Document n	umber		
(a)	OSORIO INTERNACIONAL REGISTERED AGENTS LI	.C _			_			
(=)	Registered Agent and Registered Office shown on the records of the	e Florio	da I	ept. of Stat	te:			
	175 SW 7 STREET							
	Registered Office Address (MUST BE FLORIDA STREET A) #1900	DDRES	<u> </u>		_			
(b)	MIAMI	33130						
	EXCELSIOR CORPORATE SERVICES LLC				_		2022 JUN 17	
	Enter name of NEW Registered Agent and/or NEW Registered	Office #	dd	735		= ± 24]	Z	
	135 SAN LORENZO AVENUE, PH 840				_	ms.	17 PM	FILED
	NEW Registered Office Address:				_	i SIAIL FLORIDA	 ⊒.	
		-			_	200	F	
	CORAL GABLES, FL	33146						
ango cnt v as/w c art	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of the organization or the operating agreement of the laws Mancus	egiste bility of the li imited	rec mit l lia	office ar ipany, it i ed liabili ibility cor	is hereby con ty company o	firmed that to as otherwi	ne reg he cha	isicae inge(s
	ture of a member or authorized representative of a member			,_ ,	Printed or typ	ed name of sig	nee	
OVIS	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	erjoir	na:	ice of my	S E C O H	thie docum	nt is t	eino fi