

**L09000070842**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)  
Account Number : 076117000420  
Phone : (561) 650-0728  
Fax Number : (561) 655-5677

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
ALPHA GUIDE, LLC**

Certificate of Status	1
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Estimated Charge	<del>\$45.75</del>

*\$30.00*

**J. BRYAN**

DEC 10 2009

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**EXAMINER**

H09000254636 3

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alpha Guide, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa A. Schneider, Esq.

Name of Person

GUNSTER, YOAKLEY & STEWART, P.A.

Firm/Company

777 South Flagler Drive, Suite 500 East

Address

West Palm Beach, FL 33401

City/State and Zip Code

mcramer-scharlatt@gunster.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary E. Cramer-Scharlatt, C.P., FRP

Name of Person

at ( 561 )

650-0728

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

H09000254636 3

**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 Guide, LLC

2. (a) Principal office address of limited liability company: 11621 Kew Gardens Avenue



(Note: **MUST BE STREET ADDRESS**)

Suite 109  
Palm Beach Gardens, FL 33410

(b) Mailing address of limited liability company: 11621 Kew Gardens Avenue



(Note: **MAY BE POST OFFICE BOX**)

Suite 109  
Palm Beach Gardens, FL 33410

July 22, 2009

L09000070842

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: GY Corporate Services, Inc.

Registered Office Address: 777 South Flagler Drive  
Suite 500 East  
West Palm Beach, FL 33401

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Kathryn K. Theofilos

NEW Registered Office Address: 11621 Kew Gardens Avenue  
(MUST BE FLORIDA STREET ADDRESS) Suite 109  
Palm Beach Gardens, FL 33410

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 an affirmative 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.

Lisa A. Schneider  
Signature of a member or authorized representative of a member

Lisa A. Schneider, Esq., Authorized Representative

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. (O), if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Kathryn K. Theofilos  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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