## L09000071739

(Re	equestor's Name)		
(Ãc	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	<del>, #</del> )	
PICK-UP	WAIT	MAIL	
(Bı	usiness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
	·		
	·		

Office Use Only



700183111867

07/12/10--01018--010 \*\*25.00

10 JUL 12 PM 1:53

T. HAMPTON

JUL 1 3 2010

EXAMINER

## **COVER LETTER**

Division of Corporations	•		
SUBJECT: ALKETECH LLC  Name of Limited Liability Company			
Dear Sir or Madam:	t t		
•			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
· · · · · · · · · · · · · · · · · ·	·		
Alexander Orozco	· · · · · · · · · · · · · · · · · · ·		
Name of Person	<u></u> :		
AlkeTech, LLC	· ·		
rim/Company			
6705 old carm Trl			
Address	<del></del>		
Boynton Beach FL 334.	<u>3'1                                    </u>		
OVOZCO. al O amail. co	<u> </u>		
	•		
For further information concerning this matter, please call:			
Alexander Orozco at 19	1511 - 071-0117		
Name of Person at (4	Area Code & Daytime Tolephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations 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.

1. Name of the limited liability company:ALK1	ETECH LLC
2. (a) Principal office address of limited liability company	
( <u>Note: MUST BE STREET ADDRESS</u> )	Boynton Bch, FL 33437
(b) Mailing address of limited liability company:	6705 old Farm Trl
(Note: MAY BE POST OFFICE BOX)	Doynton Bch, PL 33431/
3. Date of filing/registration in Florida	L Ø 9 Ø Ø Ø Ø 7 1 7 3 9 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Alexander Orozco
Registered Office Address:	14401 5 Military Trl A-104
	Delray Bch, Fl 33484
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Alexander Orozco
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6705 Old Farm Trl Boynton Bch, FL 33437
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company; it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited 2000 was/were authorized by an affirmative 468 wise provided in the articles of organization.
Signature of a member of authorized representative of a member	RPOF S
Printed or typed name of signee	TATE
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Op if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agest to oper and complete performance of my duffes, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00