## L09000108547

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C. LEWIS

JUL \_ 9 2010

**EXAMINER** 

## COVER LETTER

**Registration Section** 

TO:

**Division of Corporations** Born Alpha Innovations LLC d/b/a Pro2go Designs SUBJECT: \_\_\_ 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: Thomas L. Grobmyer Name of Person Born Alpha Innovations LLC Firm/Company 1015 Moccasin Run Road Address Oviedo, Florida 32765 City/State and Zip Code t.grobmyer@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas L. Grobmyer Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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:	Born Alpha Innovations LLC
2. (a) Principal office address of limited liability comp	oany:
(Note: MUST BE STREET ADDRESS)	1015 Moccasin Run Road Oviedo, Florida 32765
(b) Mailing address of limited liability company:	Same as above
(Note: MAY BE POST OFFICE BOX)	
11/10/2009	L09000108547
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	
Registered Agent:	Thomas L. Grobmyer
Registered Office Address:	1015 Moccasin Run Road P
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW Registered Agent</u> :	NEW Registered Office address
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1015 Moccasin Run Road
	Oviedo ,FL <u>32765</u>
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ne Florida street address of the registered office
Thomas L. Grobmyer Printed or typed name of signee	ì
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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