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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alpha Beta One 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:	1000
Variet Parra quitte Name of Person	منتخ
Alpha Beta One LLC Firm/Company	
NE 16t St Suite 383	
Miami FL 33 13 2 City/State and Zip Code	
E-mail address: (to be used for funce annual report notification)	
For further information concerning this matter, please call:	
Javier Parraguire at (305) 775-8983	
Name of Person 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 & Certified Copy	

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	18, Florida Statutes, the undersigned limited to change its registered office or registered
1. Name of the limited liability company:	ha Beta One LLC
2. (a) Principal office address of limited liability company	: III NE 1st Sheet, svite?
(Note: MUST BE STREET ADDRESS)	Miami, FL 33132
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	111 NE 1st 64reit site 383 Miani, FL 38132
February 22 2010 3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Mortgage Bonkos PBD LLC
Registered Office Address:	2175 NE 170 6 900 200 208 North Mich, Beach 31 208
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	111 NE 1st Street 601te 383 Miani FL 30192
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	•
I hereby accept the appointment as registered agent and ag	uree to act in this capacity. I further agree to
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ber and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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