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(Requestor's Name)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
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(Document Number)
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T. CLINE

APR 20 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations Alithia LLC **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: Penelope B. Perez-Kelly Name of Person McClane Partners Firm/Company 215 E. Livingston Street Address Orlando, FL 32801 City/State and Zip Code pbp@mcclanepa.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Penelope B. Perez-Kelly 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

TO:

Registration Section

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.

Name of the limited liability company:	Alithia LLC
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	101 S. Fola Drive - #1210 Orlando, FL 32801
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	101 S. Eola Drive - #1210 Orlando, FL 32801
03/19/2010	L10000030816
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:	McClane, Jefferson B
Registered Office Address:	101 S. Eola 1210
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 25	
NEW Registered Agent:	McClane, Jefferson B.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	215 E. Livingston Street 27 Collaboration Street 27 Co
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. Signature of a member or authorized representative of a member Printed or typed name of signee 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 por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote wise provided in the articles of organization /.

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

McCLANE # PARTNERS

April 16, 2010

Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida32314

Re: Alithia, LLC

Dear Sir or Madam:

Enclosed please find the Division of Corporations form INHS18 (05/08) we have completed regarding the above referenced matter. Please complete the requested change regarding the Registered Agent address. Also, we enclosed our firm's check in the amount of \$25.00 as your fees required for the change.

If you need anything further please do not hesitate and contact our offices.

Very truly yours,

Waleska Rodriguez

Paralegal