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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

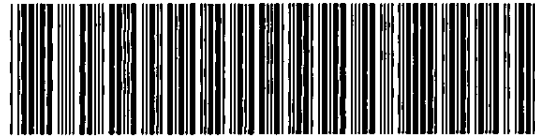
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**SALPETER GITKIN, LLP**

**FAX COVER**

**MUSEUM PLAZA – SUITE 503  
200 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33301  
(954) 467-8622 | FAX: (954) 467-8623  
WWW.SALPETERGITKIN.COM**

**Send to: Leslie Sellers  
Florida Department of State**

**Fax Number: 850-245-6030  
Phone Number: 850-245-6051**

**From: Simona Drangoi, Paralegal**

**Date: February 12, 2013**

**Re: Alfresco Acquisitions, LLC  
Change of Register Agent**

**Pages including cover: 3**

**File No:**

☒ URGENT   ☒ REPLY ASAP   ☐ PLEASE COMMENT   ☐ PLEASE REVIEW  
☐ FOR YOUR INFORMATION

Dear Leslie,

Pursuant to our telephone conversation, attached is a copy of the filing that was sent to your office on January 10, 2013. The new Registered Agent is Alfresco Holdings, LLC. Please update this information as soon as possible and send us written confirmation.

Thank you for your help.

Should you have any questions, please feel free to contact our office at 954-467-8622.

Regards,  
Simona.

*This facsimile contains **PRIVILEGED AND CONFIDENTIAL** information intended only for the use of the addressee named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile is strictly prohibited. If you have received this in error, please call us immediately and return the original facsimile at the above address. Thank you for your consideration in this matter.*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ALFRESCO ACQUISITIONS, 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:

**Eric T. Salpeter, Esq.**

Name of Person

**Salpeter Gitkin, LLP**

Firm/Company

**200 S. Andrews Ave., Suite 503**

Address

**Ft. Lauderdale, FL 33301**

City/State and Zip Code

**simona@salpetergitkin.com**

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

For further information concerning this matter, please call:

**Eric T. Salpeter, Esq.** at **(954) 467-8622**

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

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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: Alfresco Acquisitions, LLC
2. (a) Principal office address of limited liability company: 13900 Country Road 455, Suite 107  
Clermont, FL 34711  
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 13900 Country Road 455, Suite 107  
Clermont, FL 34711  
 (Note: **MAY BE POST OFFICE BOX**)
- 04/16/2010 L10000041153
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: Salpeter Glikin, LLP

Registered Office Address: 200 S. Andrews Ave., Suite 503  
Ft. Lauderdale, FL 33301
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
 

NEW Registered Agent: Alfresco Holdings, LLC

NEW Registered Office Address: 13900 Country Road 455, Suite 107  
**(MUST BE FLORIDA STREET ADDRESS)**  
Clermont, FL 34711

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.

Rosa Boylan  
 Signature of a member or authorized representative of a member

Rosa Boylan  
 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. Or, 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.*

Salpeter Glikin, LLP  
 Signature of Registered Agent

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