

L10000052787

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CALANDRINO LAW FIRM
Account Number : I20090000062
Phone : (407) 601-4905
Fax Number : (407) 601-4910

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corporations@floridabusinesslaw.com

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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
THE ALEXAN GROUP LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

MAY -9 2013

A. LUNA

2013 MAY -8 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Alexan Group, 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:

Emily Johns

Name of Person

Calandrino Law Firm, P.A.

Firm/Company

301 E. Pine St., Ste. 950

Address

Orlando, FL 32801

City/State and Zip Code

corporations@floridabusinesslaw.com

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

For further information concerning this matter, please call:

Emily Johns

Name of Person

at (409) 601 - 4905

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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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: The Alexan Group, LLC

2. (a) Principal office address of limited liability company: 5446 Hoffner Ave. 108
(Note: MUST BE STREET ADDRESS) Orlando, FL 32812

(b) Mailing address of limited liability company: 4409 Hoffner Ave. 402
(Note: MAY BE POST OFFICE BOX) Orlando, FL 32812

5/14/2010
 3. Date of filing/registration in Florida

L10000052787
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

Encarnacion, Edward J.

Registered Office Address:

9364 Middlebrook Rd.
Orlando, FL 32812

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Assured Compliance Services, LLC

NEW Registered Office Address:

301 E. Pine St., Ste. 950
Orlando, FL 32801
, FL

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.

Philip K. Calandrino
 Signature of a member or authorized representative of a member

PHILIP K. CALANDRINO, ATTORNEY FOR MEMBER
 Printed or typed name of signee

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.

Philip K. Calandrino
 Signature of Registered Agent

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