

L11000045307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

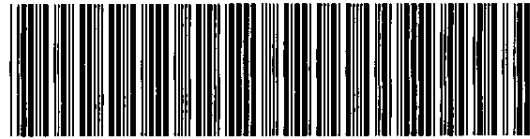
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAY -7 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 10 2012

MyCorporation®

23586 Calabasas Rd. Suite 102
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005
Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

March 23, 2012

**Re: CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE:
Business Alliance Consulting LLC**

Ladies and Gentlemen:

Please find enclosed for filing agent and/or agent-office change documents for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation
23586 Calabasas Rd. Suite 102
Calabasas, CA 91302
ATTN: Post Formation Filings

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUSINESS ALLIANCE CONSULTING 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:

Post Formations

(Name of Person)

My Corporation Business Services, Inc.

(Firm/Company)

21215 Burbank Blvd. Suite 400

(Address)

Woodland Hills, CA 91367

(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formation Filings

(Name of Person)

at (888) 692-6771

(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

**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: BUSINESS ALLIANCE CONSULTING LLC

2. (a) Principal office address of limited liability company: 5470 East Busch Blvd. #176
(Note: MUST BE STREET ADDRESS) Tampa, FL 33617

(b) Mailing address of limited liability company: 5470 East Busch Blvd. #176
(Note: MAY BE POST OFFICE BOX) Tampa, FL 33617

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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: NRAI SERVICES, INC.

Registered Office Address: 515 EAST PARK AVENUE
TALLAHASSEE FL 32301 US

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

NEW Registered Agent: Pete Garston

NEW Registered Office Address: 8608 Lake Isle Dr.
(MUST BE FLORIDA STREET ADDRESS) Tampa, FL 33637

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.

[Signature] April 25, 2012
(Signature of a member or authorized representative of a member)

Pete Garston, 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.

[Signature] April 25, 2012
(Signature of Registered Agent) Pete Garston

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