

L11000113499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Deandre Porterfield also removed
as Authorized Member

Office Use Only



400334719194

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hotel Alpha 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:

William Hettinger

Name of Person

Hotel Alpha LLC

Firm/Company

301 W Platt St, Suite # 504

Address

Tampa, FL 33606

City/State and Zip Code

bill.hettinger@gmail.com

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

For further information concerning this matter, please call:

William Hettinger

Name of Person

at (239)

293-8991

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

INHS18 (2/14)

No charge

*O - see enclosed
Letter from Florida
Department of State*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 18 PM 3:20

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Hotel Alpha LLC
2. (a) William Hettinger
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
301 W Platt St, Suite # 504
Tampa, FL 33606
- (b) William Hettinger
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
301 W Platt St, Suite # 504
Tampa, FL 33606
3. 10/04/2011
Date of filing/registration in Florida
4. L11000113499
Document number

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

Deandre Porterfield

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1102 Deer Creek Circle

Lithonia, GA, FL 30058

- (b) Hotel Alpha LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

William Hettinger

NEW Registered Office Address:

301 W Platt St, Suite # 504

Tampa, FL 33606

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]
Signature of a member or authorized representative of a member

William Hettinger

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 605, 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]
Signature of Registered Agent

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 18 PM 3:20

400334713194

L11000113499



FLORIDA DEPARTMENT of STATE

RON DESANTIS
Governor

LAUREL M. LEE
Secretary of State

June 12, 2019

Hotel Alpha, LLC
c/o William Hettinger, Registered Agent
301 W. Platt St., Suite 504
Tampa, Florida 33606

Re: *Unauthorized online business filing*

4100334719194

Dear Mr. Hettinger:

The Department of State has identified what appears to be an unauthorized online business filing related to Hotel Alpha, LLC by an individual unrelated to the business. Filing information has been provided to the Florida Department of Law Enforcement (FDLE) for investigation. If you have not already been contacted by law enforcement, you may wish to contact FDLE Special Agent Supervisor Luis Negrete at LuisNegrete@fdle.state.fl.us to receive more information about the investigation, and correspondingly, to provide any information that may assist in law enforcement efforts.

If the business documents have not already been corrected subsequent to the unauthorized filing through an annual report or otherwise, you may submit a copy of this correspondence along with a Statement of Registered Agent/Registered Office Change form to the Division of Corporations at:

Division of Corporations
Attn.: Sammy Caldwell
P.O. Box 6327
Tallahassee, Florida 32314

No fee for the corrective filing will be required when accompanied by this letter. Forms may be accessed at <https://dos.myflorida.com/sunbiz/forms/>.