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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	
	RY	
	Office Use Only	

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B. KOHR

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALEXAI, LL. Name of Limited I	Liability Company
Dear Sir or Madam:	,
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for the s
The eliciosed Registered Agent/Registered Office Ch	ange and rec(s) are submitted for pains.
Please return all correspondence concerning this mar	ter to the following:
	High .
Dinnia Maria	
DIANA MEJIA Name of Person	
AlexDi, LLC	
Firm/Company	
THER INAGUA AVE	
2488 INAGUA AVE	
MIAMI FL 33133 City/State and Zip Code	
City/State and Zip Code	·
Amail (29@ 9mail, Com E-mail address: (to be used for fundre annual report notification)	
E-mail address: (to be used for fundre annual report notification)	
For further information concerning this matter, please	e call:
12 1 . P.W. 5	924 - 21 -
Kevin Polk, at (3	Area Code & Daytime Telephone Number
	,
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	nt.
Enclosed is a check for the following amou	
\$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: _ALEX	DI, LLC	
 (a) Principal office address of limited liability compart (<u>Note: MUST BE STREET ADDRESS</u>) 	NY: 2488 INAGUA AVE MIANIFL 33133	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. BOX 45-44-11 MIAMI FL 3324 S	
11/23/2011 3. Date of filing/registration in Florida		
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
Registered Agent:	AlejANDro, BOWERS	
Registered Office Address:	11450 NE 10 AVE MIAMI FL 33161	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Kevin L. Polk 9250 SW 183 Rd Terr	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9250 SW 183 Terr PAIMETTO BAY ,FL 33157	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider iability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwhe operating agreement of the limited liability company. Signature of a member of authorized representative of a number Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the printed I am fomiliar with and accept the obligations of my printed of the provisions of the limited liability company and report to the printed of the provisions of the limited liability company and the provisions of the limited liability company that the limited liability company the limited liability compa	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of ise provided in the articles of organization or the street of the street o	
iddress, I hereby confirm that the limited liability compar	y has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent