

L12000048567 ✓

(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:

Office Use Only



500236923585

07/02/12--01008--014 **25.00

FILED
12 JUL - 2 AM 10:18
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 5 2012

EXAMINER

2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alacrity Consulting Associates 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:

JAMES A. CASE
Name of Person

Alacrity Consulting Associates LLC
Firm/Company

401 Old Dixie Hwy. #3511
Address

Teguesta, FL 33469
City/State and Zip Code

jamesacase@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES A. CASE at (305) 795-0776
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

CK0092

☐ \$55 Filing Fee & Certified Copy

FILED
12 JUL -2 AM 10:18
TALLAHASSEE, FLORIDA

(2)

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: Alamity Consulting Associates LLC
2. (a) Principal office address of limited liability company: 401 Old Dixie Hwy, #3511
Teguesta, FL 33469
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: (SAME AS ABOVE)
(Note: **MAY BE POST OFFICE BOX**)

6/28/12
3. Date of filing/registration in Florida
L12000048567 ?
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: JAMES A. CASE
Registered Office Address: (old)
1932 Pisces Terrace
Weston, FL 33327

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: _____
☒ **NEW** Registered Office Address: 401 Old Dixie Hwy, #3511
(MUST BE FLORIDA STREET ADDRESS) Teguesta, FL 33469

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.

James A. Case
Signature of a member or authorized representative of a member

JAMES A. CASE
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.

James A. Case
Signature of Registered Agent

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