L12000070342

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2013 SEP -4 AM II: 48 SECRETARY OF STATE ALLAHASSEE, FLORIDA

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alegyro Holdings, LL	C Liability Company
Dear Sir or Madam:	7 1 7
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	
James Xilas	
Name of Person	
Alegyro Holdings, LLC	
Firm/Company	
1830 Oak Creek Drive	
Address	
Dunedin, FL 34698	
City/State and Zip Code	
jgxilas@yahoo.com	
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, pleas	e call:
Name of Person at (72)	784 - 7695 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327

Enclosed is a check for the following amount:

■ \$25 Filing Fee

2661 Executive Center Circle

Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

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: Alegyro Holdings, LLC		····		- .
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1830 Oak Creek Drive	S	23	
	Dunedin, FL 34698	<u> </u>	- 53	-
		<u> </u>	33	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4000 Oct Occ - U Dife	SS:	1	
	1830 Oak Creek Drive Dunedin, FL 34698		F	İΤ
			3	T
		97	=	-
0301-2013	L12000070342	<u> </u>	+	_
3. Date of filing/registration in Florida	1. Document number	D .	w	
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept	i. of State	e:	
Registered Agent:	Business Filings Incorporated			_
Registered Office Address:	515 E. Park Ave.			
g	Tallahassee, FL 32301			_
				_
NEW Registered Agent: NEW Registered Office Address:	James Xilas 1830 Oak Creek Drive			_
(MUST BE FLORIDA STREET ADDRESS)				-
	Dunedin	_,FL_34698	<u> </u>	_
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	was of the State of Florida, it prida street address of the regical. Or, in the case of a Floridas/were authorized by an affer provided in the articles of o	is hereby istered of la limited firmative rganization	fice i vote o on or	of
Signature of a Wember or authorized representative of a member				
James Xilas				
Printed or typed name of signee	•			
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I per and complete performas p ition as registered agent as p ely reflect a change in the reg has been notified in writing o	further as re of my a rovided f sistered o of this cha	gree to luties, for in office ange.	,
Signarure of Reffstered Agent Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314			

FILING FEE: \$25.00