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2013 JUN 20 AN 10-41
SECRETARY OF STATE
OF STATE

COVER LETTER

Division of Corporations
SUBJECT: ALMAA, 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:
David Elkins Name of Person ALMAA, LLC Firm/Company
1992 View point Landings Rd
La Keland, FL 33810 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Eukins at (270) 303-23% Name of Person at (270) Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

TO: Registration Section

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:ALMA	AA, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Leke land, FC 33810
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME LAND TO THE
3-18-2013	L13000043164 = 0
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	SSC Holding Compani
Registered Office Address:	110 Reida ete Road Amburdale, FL 33823
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	EW Registered Office address: LISA Smith 1992 Viewpoint Londings Rd Cake I and FL 33810
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or
avid Elkins	
Printed or typed name of signce I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, I hereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any 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