

L130000 80384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

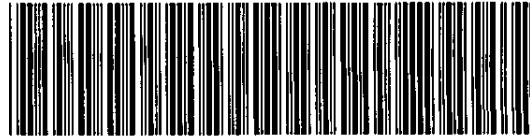
(Business Entity Name)

(Document Number)

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C.L.  
6-22-15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2015

NICOLAS SUAREZ INCLAN  
245 MICHIGAN AVE PH3  
MIAMI BEACH, FL 33139 US

SUBJECT: ALCORNOQUE, LLC  
Ref. Number: L13000080384

We have received your document for ALCORNOQUE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 015A00010202

RECEIVED  
15 JUN 16 AM 10:53  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALCORNNOQUE 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:

NICOLAS SUAREZ-INCLAN  
Name of Person

ALCORNNOQUE LLC  
Firm/Company

246 MICHIGAN AVENUE PH3  
Address

MIAMI BEACH, FL 33139  
City/State and Zip Code

NICOLASSIK@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS SUAREZ-INCLAN at ( 305 ) 2158969  
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

☐ \$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 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: ALCORNQUE, LLC
2. (a) 245 MICHIGAN AVENUE PH3 (b) 398243 PO BOX  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33239
3. 6-4-2013 4. L13000080384  
Date of filing/registration in Florida Document number
5. (a) CORPORATION SERVICE COMPANY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1201 HAYS ST.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TALLAHASSEE, FL 32301
- (b) NICOLAS SUAREZ-INCLAN  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
245 MICHIGAN AVENUE PH3  
NEW Registered Office Address:  
MIAMI BEACH, FL 33139  
FL

15 JUN 11 PM 12:55

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.

Nicolas Suarez-Inclan  
Signature of a member or authorized representative of a member

NICOLAS SUAREZ-INCLAN  
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 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.*

Nicolas Suarez-Inclan  
Signature of Registered Agent

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