## L13000 091 476

| (Re                                     | questor's Name)   |      |  |  |  |  |
|---|-------------------|------|--|--|--|--|
| (Address)                               |                   |      |  |  |  |  |
| (Ad                                     | dress)            |      |  |  |  |  |
| (Cit                                    | y/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



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2015 AUG 19 AM 10: 27
SECRETARY, OF STATE
MALL AHASSEE, FI ONIA

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## COVER LETTER

| STREET/COURIER ADDRESS: Registration Section      |                 | MAILING ADDRESS: Registration Section |
|---|-----------------|---------------------------------------|
| Name of Person                                    | (               | Area Code & Daytime Telephone Number  |
| MARSHA SIHA                                       | 855<br>at (     | , 829-9090                            |
| For further information concerning this matter.   | please call:    |                                       |
| E-mail address: (to be used for future ann        | ual report no   | tification)                           |
| EFILE1234@INCFILE.COM                             |                 |                                       |
| City/State and Zip Code                           |                 |                                       |
| HOUSTON, TX 77064                                 |                 |                                       |
| Address   |                 |                                       |
| 17350 STATE HWY 249 STE 220                       |                 |                                       |
| Firm/Company                                      |                 |                                       |
| INCFILE.COM LLC                                   |                 |                                       |
| Name of Person                                    |                 |                                       |
| MARSHA SIHA                                       |                 |                                       |
| Please return all correspondence concerning thi   | is matter to th | ne following:                         |
| The enclosed Registered Agent/Registered Offi     | ice Change a    | nd fee(s) are submitted for filing.   |
| Dear Sir or Madam:                                |                 |                                       |
| Nam   | e of Limited    | Liability Company                     |
| SUBJECT:  |                 |                                       |
| TO: Registration Section Division of Corporations |                 |                                       |

## Enclosed is a check for the following amount:

☑ \$25 Filing Fee

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

## 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. Na             | nme of the limited liability company: ALMA & ZAF  | RLLC  |   |  |   |                          |
|-------------------|---|---|---|--|---|--------------------------|
| 2. (a)            |   |   | )   |  |   |                          |
| 2. (a)            | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   | (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |  |   |                          |
|                   | 12161 SW 2ND STREET   |   | 12161 SV  | V 2ND STRE   | ET  |                          |
|                   | PLANTATION, FL 33325  |   | PLANTATION, FL 33325  |  |   |                          |
|                   | 06/25/2013  |   | L13000091   | 1476   |   |                          |
| 3.                | Date of filing/registration in Florida  | 4.  | Ι   | Document numb                                      | ег  |                          |
| 5. (a)            | ·   |   |   |  |   |                          |
| (,                | Registered Agent and Registered Office shown on the records of  | of the Florida                              | Dept. of State:   |  |   |                          |
|                   | LEGALINC CORPORATE SERVICES, INC  | <b>)</b> .                                  |   |  |   |                          |
|                   | Registered Office Address (MUST BE FLORIDA STREET   | CADDRESS                                    | 7   |  |   |                          |
|                   | 5237 SUMMERLIN COMMONS SUITE 40   | 0   |   |  |   |                          |
|                   | FORT MYERS  | L_33907                                     |   |  |   |                          |
| (b)               | Enter name of NEW Registered Agent and/or NEW Registered  |   |   |  | <b>₹</b> ≥                                      |                          |
|                   | Enter name of NEW Registered Agent and/or NEW Registered  | ed Office ad                                | dress:  |  | 2019 AUG  | المالية                  |
|                   | REGISTERED AGENTS INC.  |   |   |  | UG 19 AM IU Z<br>ETARY OF STAT<br>HASSEE, FLORE |                          |
|                   | NEW Registered Office Address:  |   |   |  |   |                          |
|                   | 7901 4TH ST N STED 300  |   |   |  | AM 10: 21                                       | D                        |
|                   | ST. PETERSBURG  | <sub>L</sub> 33702                          |   |  | ATE A   | 3                        |
| the chagent was/w | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization on the operating agreement of the | of the regi<br>liability co<br>s of the lin | stered office<br>ompany, it is<br>nited liability                                 | and the busines<br>hereby confirm<br>company or as | s office of<br>ed that the                      | the registered change(s) |
|                   | Ch Wha  |   | •   | NZAR - MGR   | М   |                          |
| Sign              | ature of a member or authorized representative of a member  |   |   | Printed or typed no                                | ime of signce                                   | •                        |

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.

Signature of Registered Agent