

L13000104990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2013 AUG 12 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2013

J. BRYAN

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.104 FAX: (800) 388-0330
EMAIL: nancy@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REQUEST FILING SERVICE

DATE: 08/07/2013

FROM: NANCY HERNANDEZ

Client Matter: #9039624

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **ALPHA ONE MARINE REPAIR, LLC**

Enclosed is one of the following: **(1) Statement of Change of Registered Agent**

Return request with filing: **(1) Plain Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):
CK#700825 \$25.00 (STATE FILING FEE)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA ONE MARINE REPAIR, 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:

NANCY HERNANDEZ

Name of Person

ROCKET LAWYER

Firm/Company

5668 E 61ST ST

Address

COMMERCE, CA 90040

City/State and Zip Code

AMRHARRYMAC@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY HERNANDEZ

Name of Person

at (800) 462-5487

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

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TALLAHASSEE, FLORIDA

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: ALPHA ONE MARINE REPAIR, LLC

2. (a) Principal office address of limited liability company: 882 BRUNSWICK LN
ROCKLEDGE, FL 32955
(Note: MUST BE STREET ADDRESS)

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

882 BRUNSWICK LN
ROCKLEDGE, FL 32955

7/24/2013

3. Date of filing/registration in Florida

L13000104990

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

HARRY MOORE

Registered Office Address:

882 BRUNSWICK LN
ROCKLEDGE, FL 32955

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

LEGALINC CORPORATE SERVICES II

NEW Registered Office Address:

841 PRUDENTIAL DRIVE, FLOOR 12

(MUST BE FLORIDA STREET ADDRESS)

JACKSONVILLE, FL 32207

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.

Harry Moore
Signature of a member or authorized representative of a member

HARRY MOORE

Printed or typed name of signee

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.

Nancy Hernandez
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00