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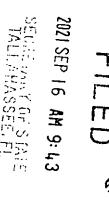
(Requestor's Name)
(Address)
(Address)
(nucless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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09/16/21--01010--021 ++25.00



COVER LETTER

	istration Section . ision of Corporations					
SUBJECT:	The Alicea Group LLC					
	Name of Limited Liability Company					
Dear Sir or i	Madam:					
The enclose	d Registered Agent/Registered	Office Change and fo	e(s) are submitted for filing.			
Please return	n all correspondence concernir	ng this matter to the fo	llowing:			
Michael Alic	ea					
<u></u>	Name of Person		_			
	Firm/Company		_			
1945 Gulf of	Mexico Drive #512					
	Address					
	City/State and Zip Co	de	-			
Sarasota, FL	34228					
E-mail	address: (to be used for future	annual report notifica	ation)			
For further is	nformation concerning this ma	itter, please call:				
Lori Alicea		917 at (930-2579			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Divi P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the follow	ving amount:				
S \$2	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.

(a)	1945 Gulf of Mexico Drive #512		(b) 26 Plymouth Street			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Longboat Key, FL 34228			New Hyd	ie Park, NY 11040	
	10/14/2013		i	.1300014-	1769	
	Date of filing/registration in Florida	4.	-		Document number	
a)	Michael Alicea					
1)	Registered Agent and Registered Office shown on the records of	Tthe Flor	rida l	Dept, of Sti	ite:	
	1945 Gulf of Mexico Drive Unit 111				υ છ ાં	
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021 SEP 16 SECRETARY TALLARIAS		
	Longboat Key, FI	34228 L			<u> </u>	
	Michael Alicea				M 9: 43 OF S FALE SEE, FL	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	add	ress:	_	
	1945 Gulf of Mexico Drive #512					
	NEW Registered Office Address:		_			
	Longboat Key	34228	-		_	
ge w ve tic	mited liability company is not organized under the la or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the under the lack of a member or authorized representative of a member	regist ability of the l limite	erec con imit d lia	l office ar ipany, it ed liabili	nd the business office of the registered is hereby confirmed that the change(s ty company or as otherwise provided	
٠.		_			Printed or typed name of signee	

notified in writing of this change.

Signature of Registered Agent