

214000000096

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14 JUN 12 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*M. P. O.*  
JUN 26 2015  
T. LEMIEUX

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alexis Lopez LLC  
Name of Corporation

**DOCUMENT NUMBER:** L14000000096

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexis Lopez  
Name of Contact Person

Alexis Lopez LLC  
Firm/Company

421 Grape Ave  
Address

St. Cloud FL 34769  
City/State and Zip Code

alopez219@cfllr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Lopez at ( 407 ) 301-2939  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Alexis Lopez LLC  
2. The principal office address: 421 Grape Ave  
ST. Cloud, FL 34769  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 1-2-2014 Document number: L14000600096

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Deb Reeves / Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alexis Lopez  
421 Grape Ave  
ST. Cloud, FL 34769  
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Alexis Lopez  
Signature of an officer or director

Alexis Lopez / President  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Alexis Lopez  
Signature of Registered Agent

6-8-2014  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*