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SECRETARY OF STATE

MAR 0 4 2016 J. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2016

JAM GERDES 10925 NW 27 ST. MIAMI, FL 33172

SUBJECT: ALPHA TRADING, LLC Ref. Number: L14000036203

We have received your document for ALPHA TRADING, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please ca# (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 516A00002133

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alpha Trad	ing LLC c of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Name of Person Appha Trading LL Firm/Company 10925 NW 27 St Address MIAMI, FL 33172 City/State and Zip Code 5alesa alphatad E-mail address: (to be used for future annuments) For further information concerning this matter,	SECRETARY OF STATE TAPLAHASSEE FLORIDA inglic.net mal (port notification)
Jan Gerdes	at (772) 2227542
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-Gorporations [P.OBox.6327—] (Tällähassee, Florida-32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INH\$18 (2/14)

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.

Florida				Ü	G ,	,	
1. Na	ame of the limited liability company: Alpha	Trac	ding	LLC	• •		
2. (a)		_ (b)	7	•			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	-	_	•	imited liability co	
	10925 NW 27 ST		in		/w 2-		<u> </u>
		_					
	Miami, FL 33172	_	MI	ami	, 7L	33172	
	3-14-2014		1_	140	0003	6203	
3.	Date of filing/registration in Florida	4.		•	iment num	· · · · · · · · · · · · · · · · · · ·	
5. (a)	Neil Moonen						
J. (4)	Registered Agent and Registered Office hown on the records of the		•	State:			
	The Mooney Law Firm Registered Office Address (MUST BE FLORIDA STREET A.	, LL	<u>_</u>				
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)		 -			
	1911 Capital Cir. NE	<u> </u>			SE SE	3 2	•
	Talahasse , FL		308		ORE TANA		
(b)	Jan Gerdes					, (<u>**</u>	:
` /	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:		T S	777	
	Alpha Trading LLC				ARY OF STATE SSEE, FLORIDA		
	NEW Registered Office Address:						
	10925 NW 27 St						
	Miami ,FL	33	172	·			
	imited liability company is not organized under the law						
the cha	inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial	the regist bility cor	ered o: npany.	ffice and i it is here	the busine: by confirn	ss office of the red that the ch	e registered ange(s)
was/we	ere authorized by an affirmative vote of the members of	f the limi	ted liat	oility com	pany or as	otherwise pro	ovided in
	cles of organization or the operating agreement of the 1	imited II	ability		1 6	=ODEC	
Signat	ture of a member or sathorized representative of a member			Printe	ed or typed n	ame of signee	
	4	e to act	in this	capacity.	I further o	agree to comp	ly with the
the obl	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h	for in C	nce oj hapter nfirm t	my auties 605, F.S. hat the li	, ana 1 am Or, if this mited lighi	jumiliar with s document is lity company	una accept being filed has been
notified	in reflect a change in the registered office address, I had in writing of this change.	creby co	gum t	nai me m	mieu nuoi	my company i	nus ocen

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