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R. WHITE FB13 C3

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ALPHA TRA	DING LLC ted Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter t	o the following:				
Jan Gedes Name of Person					
ALPha Irading LL	. <u>C</u>				
10925 NW 27 Street					
Doral FL 33172 City/State and Zip Code					
Gerales jan a hotuar Email address: (to be used for future annual report	notification)				
For further information concerning this matter, please ca	11:				
Jan Gerdes al	186, 547 9007				
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 Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☐:\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (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.

1. Na	me of the limited liability company:ALpV	703	Tro	eding	LLC	<u> </u>
2. (a)	10925 NW 275T	(b)	100	125 N	N 27 S	1
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				of limited liability of BE POST OFFICE	
	Doral FL 33172		Dor		3317	
	20101	 -	<u> </u>	1002		<u></u>
						_
	* 03-04-2014		<u>L</u>	14000	003620	3
3.	Date of filing/registration in Florida	4.		Document no	umber	
5. (a)	The Mooney Law Til			_		
	Registered Agent and Registered Office shown on the records of the		ept. of Sta	ite:		
	2717 Neuchatch Driv			_		
	Registered Office Address (MUST BE FLORIDA STREET A					
	· Tallahassee, FL 3230	55				
	, FL					
(b)	Jan Gerdes					
	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	<u>ess</u> :	_		
	10925 NW 27 ST				26. 25. 26. 27.	3
	NEW Registered Office Address:			_	1971	
					8	
	7 - 1	02.			ි. රි.වි.	[-a.,
	DOPAL .FL	<u> 331</u>	<u>12 </u>	_	FF.	(F)
If the li	mited liability company is not organized under the law	s of the S	tate of F	lorida, it is her	eby confumed	that after
the chai	nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial	the registe	ered offic	e and the busi	ness officenof th	ne registered
was/we	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	f the limite	ed liabili	ty company or	as otherwise pr	rovided in
me arm	\(\lambda \) \(1	
Signate	are of amember or authorized representative of a member		1676	Cecole. Printed or type	d name of signee	
I hereb	y accept the appointment as registered agent and agre	e to act in	n this cap	pacity. I furthe	er agree to com	ply with the
the obli	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h	for in Ch	ice oj my iapter 60 itim tha	outies, and re 15, F.S. Or, if t	his document is	i ana accepi i being filed har baan
notified	in writing of this change.	creor con	ja m mai	i ine immeu na	ынку сотрану	nus veen
Signatur	e of Registered Agent)					
2	7) - 1					