L14000054067

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
☐ WAIT	MAIL				
(Business Entity Name)					
ocument Number)					
Certificates	s of Status				
Special Instructions to Filing Officer:					
	idress) ty/State/Zip/Phone WAIT usiness Entity Narr ocument Number) Certificates				

Office Use Only



600271345216

SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF THE STATE
DIVISION OF THE

IS APR 24 PM = 20

APR 27 2015

T BROWN

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/24/15

NAME:

ALOPEK ENERGY, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CT: ALOPEK ENERGY, LLC			
	Nam	of Limited Liability Com	pany	
Dear Sir	or Madain:			
The enc	losed Registered Agent/Registered Offi	e Change and fee(s) are su	ibmitted for filing.	
Please r	eturn all correspondence concerning thi	matter to the following:		
Andre	B. Carter			
	Name of Person			
ALOPI	EK ENERGY, LLC			
	Firm/Company			
975 Si	lver Lane			
***************************************	Address			
East H	lartford, CT 06118			
	City/State and Zip Code			
•	kenergyservices@hotmail.com			
E-1	mail address: (to be used for future ann	al report notification)		
For furth	her information concerning this matter,	lease call:		
Andre	B. Carter	860 328-16	699	
***************************************	Name of Person		& Daytime Telephone Number	
1	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassoe, Florida 32301	MAILING AL Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	
Enclosed is a check for the following amount:				
	□ \$25 Filing Fee	2 \$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	ame of the limited liability company: ALOPEK ENE	RGY,	, L	, LLC	
2. (a)	6600 NE 22nd Way		(b) 975 Silver Lane		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•,	Mailing address of limited liability company:	
	Suite 2325			(Note: MAY BE POST OFFICE BOX) East Hartford, CT 06118	
				Last Harriold, C1 00110	
	Ft. Lauderdale, FL 33308				
	4/2/2014		L	L14000054067	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Lionel J. Carter				
, ,	Registered Agent and Registered Office shown on the records of the 6600 NE 22nd Way	ne Florid	la C	Dept. of State:	
	Registered Office Address (MUST RE FLORIDA STREET ADDRESS)			<u>家</u>	
	Suite 2325				
	Ft. Lauderdale , FL	33308	}	PR 21	
(b)	Registered Agent Solutions, Inc.				
	Enter name of NEW Registered Agent and/or NEW Registered C	office ac	ldr	Idress: 20	
	155 Office Plaza Dr.				
	NEW Rogistered Office Address:		44		
	Suite A				
	Tallahassee Fi. 5	32301	·		
the cha agent w was/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be dentical. Or, in the case of a Florida limited liab to authorized by an affirmative vote of the members of classical organization or the operating agreement of the li	s of the he regi pility co the lin	e S iste or nit	e State of Florida, it is hereby confirmed that after istered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
No.	Unilla	An	dr	dre B. Carter	
	ure of a member of authorized representative of a member			Printed or typed name of signee	
l hereb provisio he obli to mere totifica	ly accept the appointment as registered agent and agree ons of all statules relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to uc erform for in s reby c	t in tar Ck on	t in this capacity. I further agree to comply with the tance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been	
-0xx	icher)				
	e of Registered Agent				