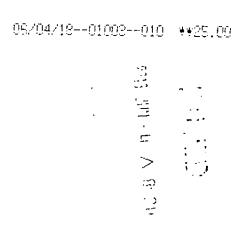
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•							
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified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

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
Name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
MARCOS DELLIS		<u>-</u>
Name of Person		· · ·
ALF DELLIS LLC		
Firm/Company		<u> </u>
8310 SW 130 ST		
Address		
MIAMI FL 33156		
City/State and Zip Code		
MARCOS@DELLIS.COM.BR		
E-mail address: (to be used for future annu	al report notitication)	
For further information concerning this matter, [please call:	
VINICIUS WOLFF	305 726-3194	
Name of Person	Area Code & Daytime Telep	hone 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 52314	
Enclosed is a check for the following	amount:	
☑ \$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.

1.	Na	me of the limited liability company: ALF DELLIS t	LC ———			
2.		MARCOS DELLIS (90%)	ıŀ	(b) ALEX THEODORO DELLIS (10%)		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			lailing address of lim	ited liability company: OST OFFICE BOX)
		8310 SW 130 ST		8310 SW	130 ST	
		MIAMI FL 33156	_	MIAMI FL	33156	
		06/02/2014		L1400008	9419	
3.		Date of filing/registration in Florida	4.		Document numbe	er
5	(a)	DRUMMOND CPA LLC				* -
٥.	(4)	Registered Agent and Registered Office shown on the records of	the Florid	Dept. of State	:	<u>r~</u>
		601 BRICKELL KEY DR, SUITE 901				<u> </u>
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				op.
						~_3
		MIAMI	33131			
		, FL				
	(b)	VINICIUS WOLFF				
	\ - ·	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		8310 SW 130 ST				
		NEW Registered Office Address:	-			
		MIAMI	33156			
the ag- wa	cha ent v is/w	imited liability company is not organized under the lagge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cicles of organization or the operative agreement of the	the reg ability c of the lii	istered office ompany, it is nited liability	and the business thereby confirme y company or as o	s office of the registered ad that the change(s)
_		Mh Mh		MAR	Printed or typed nar	615
		the of a member or authorized representative of a member				-
pr the to no	ovis e ob. mer viffe	by accept the appointment as registered agent and agricus of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change we of Registered Agent.	ree to ac perform d for in hereby c	t in this cape ance of my e Chapter 605 confirm that	activ. I jurther as latics, and I am J , F.S. Or, if this the limited liabili	gree to comply with the familiar with and accept document is being filed ty company has been

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