## N15000031448

| (Requestor's Name)                      |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| (cryposition_partitions)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Decision Fath Name)                    |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
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TALL NHASSEE, FL

C. BRUMBLEY

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## **COVER LETTER**

| TO:    | Registration Section Division of Corporations  |                      |  |  |  |  |  |
|--------|--|----------------------|--|--|--|--|--|
| SUBJ   |  |                      |  |  |  |  |  |
|        | Name of Limited Liability Company  |                      |  |  |  |  |  |
| Dear S | ir or Madam:   |                      |  |  |  |  |  |
| The en | closed Registered Agent/Registered   | Office Change and    | d fee(s) are submitted for filing.   |  |  |  |  |
| Please | return all correspondence concerning   | g this matter to the | e following:   |  |  |  |  |
| ELISA  | STEPHENS   |                      |  |  |  |  |  |
|        | Name of Person   |                      | <del></del>  |  |  |  |  |
|        | Firm/Company   |                      | <u> </u>   |  |  |  |  |
| 16805  | BANNER SHELL PLACE   |                      |  |  |  |  |  |
|        | Address  |                      |  |  |  |  |  |
| WlMA   | UMA, FL 33598  |                      |  |  |  |  |  |
|        | City/State and Zip Coo   | de                   |  |  |  |  |  |
| STEPH  | IENSEG@AOL.COM   |                      |  |  |  |  |  |
| E      | -mail address: (to be used for future  | annual report noti   | fication)  |  |  |  |  |
| For fu | ther information concerning this ma  | tter, please call:   |  |  |  |  |  |
| ELISA  | STEPHENS   | 561<br>at (          | 929-2269   |  |  |  |  |
|        | Name of Person   |                      | Area Code & Daytime Telephone Number   |  |  |  |  |
|        | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |  |
|        | Enclosed is a check for the follow   | ing amount:          |  |  |  |  |  |
|        | ■ \$25 Filing Fee  | <b>0</b> 9           | \$55 Filing Fee & Certified Copy   |  |  |  |  |
| INHSI  | 8 (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.

| I. N                     | ame of the limited liability company: ALREEF, LLC  |                                       |                            |  |  |
|--------------------------|--|---------------------------------------|----------------------------|--|--|
| 2. (a)                   | 16805 BANNER SHELL PLACE   |                                       | (b)                        | 16805 BA   | NNER SHELL PLACE   |
| 2. (u)                   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |                                       | (0,                        |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                          | WIMAUMA, FL 33598  |                                       |                            | WIMAUM   | 1A, FL 33598   |
|                          | 02/19/2015   |                                       | 1                          | L150000314   | 148  |
| 3.                       | Date of filing/registration in Florida   | 4.                                    | _                          |  | Document number  |
| 5. (a)                   | Registered Agent and Registered Office shown on the records of the Florida Dept. of State GALANTER, OLGA I  Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1946 Tyler Street, Ste. 9   |                                       |                            | _<br>c:<br>_   |  |
|                          | Hollywood , F  | 1. 3302                               | 0                          |  | _  |
| (b)                      | ELISA STEPHENS  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  |                                       |                            | SECRETA<br>TALLAH                                    |  |
|                          | ELISA STEPHENS   |                                       |                            |  | AST 5  |
|                          | NEW Registered Office Address:   |                                       |                            |  | · Sef ⊋ <b>n</b>   |
|                          | 16805 BANNER SHELL PLACE   |                                       |                            |  | _ <u> </u>   |
|                          | WIMAUMA, F   | L                                     | 8                          |  | 28   |
| change<br>agent<br>was/w | limited liability company is not organized under the la<br>e or changes are made, the Florida street address of th<br>will be identical. Or, in the case of a Florida limited la<br>ere authorized by an affirmative vote of the members<br>ticles of organization or the operating agreement of the | e regis<br>iability<br>of the         | tere<br>co<br>lim          | d office an<br>mpany, it i<br>ited liabilit          | d the business office of the registered<br>s hereby confirmed that the change(s)<br>cy company or as otherwise provided in   |
|                          | Guart Ster   | 5                                     | STU.                       | ART STEI   |  |
| _                        | ature of a member or authorized representative of a member   |                                       |                            |  | Printed or typed name of signee  |
|                          | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided to the reflect a change in the registered office address. It is not the registered of the change.                              | pree 10<br>e perfo<br>ed for<br>hereb | act<br>rma<br>in C<br>y co | in this cap<br>nce of my<br>hapter 602<br>nfirm that | acity. I further agree to comply with the dulies, and I am familiar with and accept 8, F.S. Or, if this document is being filed the limited liability company has been |