115000102948

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

Office Use Only



000276598950

09/03/15--01007--006 **25.00

2015 SEP -3 P 2: 14
SECRETARY OF STATE
MILLAHASSEE. FLORIDA

SEP 0 3 2015

8 MASON

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
David A. Rutkas								
Name of Person								
Alfasson Group, LLC								
Firm/Company								
100 S. Ashley Drive, Suite 600								
Address								
Tampa, FL 33602								
City/State and Zip Code								
info@alfasson.com								
E-mail address: (to be used for future annual report r	otification)							
For further information concerning this matter, please call	:							
David A. Rutkas 813	452-5400							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations								
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32301	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: Alfasson Grou	p, LLC	<i>;</i> —					
	(a) .	Principal office address of limited liability company:				Mailing ad	ldress of lin	iited liab	pility company:
		(<i>Note: MUST BE STREET ADDRESS</i>) 100 S. Ashley Drive, Suite 600			100 S.	. <u>۱۸۰۱e:</u> ا Ashley			<i>FICE BOX</i>) 00
		Tampa, FL 33602	-	-		a, FL 336			
		6/12/2015	<u> </u>	L	15000	102948			
3.		Date of filing/registration in Florida	4.			Docum	ent numb	er	
5.	(a)	David A. Rutkas							
		Registered Agent and Registered Office shown on the records of the Florida Registered Office Address (MUST BE FLORIDA STREET ADDRESS 221 Stevenson Road			ept. of S	tate:			
		Winter Haven , FL	33884			_	15.		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Gardent</u>			211 SEP -3 P				
		NEW Registered Office Address:	<u> </u>				STA1 LORI	Ÿ	
		100 S. Ashley Drive, Suite 600					AGE A	Ē	
		Tampa , FL	33602) - 		_			
the ag	cha ent v is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi bility co f the lin	iste on nit	ered off ipany, i ed liabi	fice and the it is hereby lity compa	e busines: / confirm	s office ed that	of the registered the change(s)
\perp	<u>ر</u>	<u> </u>	Da	vi	d A. R				
	•	ture of a member or authorized representative of a member					or typed na		-
prithe to	ovisi e obl mere iified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change	ee to ac perform I for in pereby c	t it tar Ch con	n this ca ace of n apter b firm th	apacity. I ny duties, c 505, F.S. (at the limi	further a and I am j Or, if this ted liabili	gree to amilia docum ty com	comply with the r with and accept ent is being filed pany has been