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COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	SURJECT: ALCHER, LLC						
Name of Limited Liability Company							
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Office Ch	nange and fe	e(s) are submitted for filing.				
Please re	turn all correspondence concerning this mat	ter to the fol	lowing:				
LENA (CHEREPANOVA		·				
	Name of Person		•				
ALCHE	R, LLC						
	Firm/Company		•				
P.O. B0	OX 476						
	Address						
TALLE	VAST, FL 34270-0476						
	City/State and Zip Code		•				
LENAF	L71@YAHOO.COM						
E-n	nail address: (to be used for future annual re	port notifica	ition)				
For furth	er information concerning this matter, pleas	e call:					
LENA C	CHEREPANOVA at	941	448-3533				
	Name of Person		Area Code & Daytime Telephone Number				
F I C 2	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						
ŀ	Enclosed is a check for the following amount:						
ū	2 \$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	ame of the limited liability company: ALCHER, LLC	C				
2. (a)	4431 56TH AVE TERRACE EAST	(b)	(b) P.O. BOX 476			
()	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)		
	BRADENTON, FL 34203	-	TALLEVAST	T, FL 34270		
	AUGUST 10, 2015		1500013561	6		
3.	Date of filing/registration in Florida	4.	Doci	ument number		
5. (a)	ERIN REGAN					
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of INCORP SERVICES, INC		Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
	LOXAHATCHEE	33470		7015 1ALL 15		
(b)	LENA CHEREPANOVA Enter name of NEW Registered Agent and/or NEW Registered LENA CHEREPANOVA	Office add	ess:	OCT 12 PH 1:		
	NEW Registered Office Address:			50 104		
	4431 56TH AVENUE TERRACE EAST					
	BRADENTON , FL	34203				
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist ability con If the limit limited lia	ered office and pany, it is here ed liability com	the business office of the registered by confirmed that the change(s) apany or as otherwise provided in		
Signa	ture of a member or authorized representative of a member		Print	ed or typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and agrions 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 have a change in the second office address, I have a change.	ee to act i performa d for in Cl hereby coi	n this capacity. nce of my duties napter 605, F.S. nfirm that the lin	I further agree to comply with the s, and I am familiar with and accept Or, if this document is being filed mited liability company has been		
Signatu	re of Registered Agent					