## 115000 166375

(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:		
epecial management to 1 mmg emeci.		

Office Use Only



000329423280

05/17/19--01023--012 \*\*25.00

FILED

19 MAY 17 PM 2: 11

SECONDANS OF STATE
ALL AHASSET FIGHEA

JUN 0 3 7019 SCHROEDER COVER LETTER

I	<b>▼</b>	
FO: Registration Section Division of Corporations		
Alamand LLC		
Name of I	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Rubby Ferrer		
Name of Person		
Alamand LLC		
Firm/Company		
2740 NE 48 CT		
Address		
Lighthouse Pt, FL 33064		
City/State and Zip Code		
pesamausa@aol.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, plea	ase call:	
Rubby Ferrer	954 254-1203	
Name of Person	Area Code & Daytime Telephone Numbe	
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	
Enclosed is a check for the following am	ıount:	
☑ \$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.

lorida.		
. Name of the limited liability company:  Alamand	LLC	
. (a)	(b)	
Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)	y:	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
2740 NE 48 CT		
Lighthouse Pt, FL 33064		
May 8, 2019	L1	5000166375
Date of filing/registration in Florida	4.	Document number
. (a)		
Registered Agent and Registered Office shown on the teco	rds of the Florida Dep	pt. of State:
Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	
7499 Oakboro Dr		
Lake Worth	_, FL_33467	FIL BECIRCIANASSE
(b) Enter name of NEW Registered Agent and/or NEW Reg	istered Office addres	S I AGE
Rubby Ferrer		
NEW Registered Office Address:		**
2740 NE 48 CT		
Lighthouse Pt	. FL 33064	
If the limited liability company is not organized under the change or changes are made, the Florida street addragent will be identical. Or, in the case of a Florida limit was/were authorized by an afternative vote of the menticles of organization or the operating agreement	ited liability completes of the limite	pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
		Heide
Signature of a member or authorized representative of a member		Printed or typed name of signee
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con the obligations of proposition as registered agent as possition as registered agent as possition as registered office addrawing to the registered office addrawing the change.		n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signature of Registered Agent	<del>_</del>	
Division of Corporations•	P.O. Box 6327•	Tallahassee, FL 32314