LISCOILA 595

(Re	questor's Name)				
(Address)					
(Ad	dress)				
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SECKETARY OF STATE

D. BRUCE DEC 13 2016

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DFXL ALPHA, LLC				
	ne of Limited L	iability Company	·	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the	following:		
Donna Bertucci				
Name of Person				
Corporate Direct, Inc				
Firm/Company				
2248 Meridian Blvd. Suite H			201 7ALL	
Address	i. · ·	er promise property (15)	2016 DEC SECKETA ALLAHAS	1
Minden, NV 89423	1.90 (2)		12 ARY SSEE	
City/State and Zip Code			OF S	ED
info@corporatedirect.com			D: I	
E-mail address: (to be used for future ann	ual report notif	ication)	> w	
For further information concerning this matter,	please call:			
Donna Bertucci	775	782-2201		
Name of Person		Area Code & Daytime Telepho	one Number .	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following	amount:			
☑ \$25 Filing Fee	- 🗀\$:	55 Filing Fee & Certified Copy		
INHS18 (2/14)				

3³. . .

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.

(b) Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) IMPSON AVE, Box 2869 ON, WY 83001
(Note: MUST BE STREET ADDRESS) 60 E. SIMPSON AVE, Box 2869 JACKSON, WY 83001 10/06/2015 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the DETWEILER, GERRI Registered Office Address (MUST BE FLORIDA STREET AT 1037 GREYSTONE LANE SARASOTA , FL (b) Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.	60 E. S JACKS L150001	(Note: MAY BE POST OFFICE BOX) IMPSON AVE, Box 2869
JACKSON, WY 83001 10/06/2015 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the DETWEILER, GERRI Registered Office Address (MUST BE FLORIDA STREET AT 1037 GREYSTONE LANE SARASOTA, FL (b) Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.	JACKS L150001	· · · · · · · · · · · · · · · · · · ·
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DETWEILER, GERRI Registered Office Address (MUST BE FLORIDA STREET A 1037 GREYSTONE LANE SARASOTA , FL (b) Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.	4.	Document number
DETWEILER, GERRI Registered Office Address (MUST BE FLORIDA STREET A 1037 GREYSTONE LANE SARASOTA , FL (b) Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.		
Registered Office Address (MUST BE FLORIDA STREET A 1037 GREYSTONE LANE SARASOTA ,FL (b) Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.	he Florida Dept. of Sta	ute:
1037 GREYSTONE LANE SARASOTA		-
SARASOTA ,, FL (b) Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.	(DDRESS)	_
(b) Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.		_
Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.	34232	7AL 20
Enter name of NEW Registered Agent and/or NEW Registered REGISTERED AGENTS INC.		2016 DEC SECRETA ALLAHAS
	Office address:	FIL 1
NEW Registered Office Address:		STATE LORID
3030 N. Rocky Point Drive, STE 150A		
Tampa ਸ਼ਾ	33607	
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited li was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member	ws of the State of F the registered offi ability company, it of the limited liabil limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change. Bill Hayre/Assistant Secretary of Registered Agent	ree to act in this ca performance of m d for in Chapter 6i hereby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been

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