

LI5000207768

(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



900282218869

900282218869  
02/16/16--01040--001 \*\*25.00

16 FEB 16 PM 1:47  
CLERK  
TALLAHASSEE, FLORIDA

FEB 18 2016

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alpine Plumbing Solutions, LLC  
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:

Victoria S. DiPaolo

Name of Person

Alpine Plumbing Solutions, LLC

Firm/Company

1850 Walsh St

Address

Oviedo, FL 32765

City/State and Zip Code

vdipaolo001@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria S. DiPaolo at ( 407 ) 702-9590  
Name of Person Area Code & Daytime Telephone Number

**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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Alpine Plumbing Solutions, LLC

2. (a) Alpine Plumbing Solutions, LLC (b) Alpine Plumbing Solutions, LLC

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

1850 Walsh St

Oviedo, FL 32765

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

1850 Walsh St

Oviedo FL 32765

01/01/2016

L15000207768

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:

Victoria S. DiPaolo

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1100 Meadow Lane

Orlando, FL 32807

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Victoria S. DiPaolo

NEW Registered Office Address:

1850 Walsh St.

Oviedo, FL 32765

FILED  
16 FEB 16 PM 1:47  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Victoria S DiPaolo

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent