Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Pleas



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE ELITE ALPHA LLC

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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.

I. N	ame of the limited liability company:	ALPHA I	LLC	
2. (a)	1722 1ct Ava #20445	(b)	(b) 1732 1st Ave #20445	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	New York, NY 10128		New York, NY 10128	
	06/08/2016	L-	16000109833	
3.	Date of filing/registration in Florida	4,	Document number	
5. (a'	LEGACY HOLDINGS INVESTMENT GRO	OUP LLC		
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1915 WEST ORIENT STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	TAMPA	FL_33607		
(b)	Registered Agents Inc		T 007 27	
(0)	· ·			
	3030 N. Rocky Point Dr.		是 IT 09 TT	
	NEW Registered Office Address:			
	STE 150A			
	Tampa	, FL_33607		
the chagent was/v	limited liability company is not organized under the tange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membericles of organization or the operating agreement of	c laws of the St s of the registe d liability com ers of the limite the limited lia	tate of Florida, it is hereby confirmed that after tred office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.	
	Rilling Tik.	Riley	Printed or typed name of signee	
I her provi the ol to me notifi	where of a member or authorized representative of a member why accept the appointment as registered agent and stions of all statutes relative to the proper and compositions of my position as registered agent as proverely reflect a change in the registered office addressed in writing of this change. Bill Havre - Assis		t this capacity. I further agree to comply with the see of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	