## 116000126099

| (Req                      | uestor's Name)   |             |  |  |  |
|---------------------------|------------------|-------------|--|--|--|
|                           |                  |             |  |  |  |
| (Add                      | ress)            |             |  |  |  |
| (Add                      | ress)            |             |  |  |  |
| (City                     | /State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                   | ☐ WAIT           | MAIL        |  |  |  |
| (Bus                      | iness Entity Nar | ne)         |  |  |  |
| (Document Number)         |                  |             |  |  |  |
| Certified Copies          | Certificates     | s of Status |  |  |  |
| Special Instructions to F | Filing Officer:  |             |  |  |  |
|                           |                  |             |  |  |  |
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Office Use Only



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|   | ,  |                           | COVE          | R LET                     | TER  |  |
|---|--|---------------------------|---------------|---------------------------|--|--|
| _   | istration Sect<br>sion of Corp                 |                           |               |                           |  |  |
| SUBJECT:                                      | Alter Business Advisors, LLC                   |                           |               |                           |  |  |
|   |  | Nar                       | ne of Limite  | d Liab                    | ility Company  |  |
| Dear Sir or !                                 | Madam:   |                           |               |                           |  |  |
| The enclosed                                  | d Registered                                   | Agent/Registered Of       | fice Change   | and fee                   | e(s) are submitted for filing.                                     |  |
| Please return                                 | n all correspo                                 | ondence concerning th     | nis matter to | the fol                   | lowing:  |  |
| Dirk Fisch                                    | er   |                           |               |                           |  |  |
| -   | <u> </u>                                       | Name of Person            |               |                           | •  |  |
| Alter Busin                                   | ness Advis                                     | ors, LLC                  |               |                           |  |  |
|   | I  | Firm/Company              |               |                           |  |  |
| 1415 Pant                                     | ther Lane                                      | Suite 232                 |               |                           |  |  |
|   |  | Address                   |               |                           |  |  |
| Naples, Fl                                    | L 34109  |                           |               |                           |  |  |
|   | City   | State and Zip Code        |               |                           |  |  |
| brokernap                                     | les@gmail                                      | .com                      |               |                           |  |  |
| E-mail  | address: (to                                   | be used for future and    | nual report r | otifica                   | tion)  |  |
| For further i                                 | nformation c                                   | oncerning this matter     | , please call | !                         |  |  |
| Joseph Ali                                    | ter  |                           | 239           |                           | 849-9334   |  |
|   | Name of  | Person                    | a. (          | Ā                         | Area Code & Daytime Telephone Number                               |  |
| Reg<br>Divi<br>Clift<br>266                   | istration Sect<br>sion of Corp<br>ton Building | orations<br>Center Circle |               | Regis<br>Divisi<br>P.O. E | tration Section ion of Corporations Box 6327 nassee, Florida 32314 |  |
| Enclosed is a check for the following amount: |  |                           |               |                           |  |  |
| <b>⊠</b> \$                                   | 25 Filing Fee                                  | <b>:</b>                  |               | \$55                      | Filing Fee & Certified Copy  |  |
| INHS18 (2/14                                  | <b>1</b> )                                     |                           |               |                           |  |  |

## 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. Na                        | ame of the limited liability company: Alter Busines  | s Advisors, LLC   | ,  |
|------------------------------|--|---|--|
| 2. (a)                       | Dirk Fischer   | (b)   |  |
| ()                           | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                              | 670 Goodlette Frank Rd. Suite 209  |   |  |
|                              | Naples, FL 34102   |   |  |
|                              | 5/22/17  |   |  |
| 3.                           | Date of filing/registration in Florida   | 4.  | Document number  |
| 5. (a)                       | Dirk Fischer   |   |  |
| 5. (a)                       | Registered Agent and Registered Office shown on the records of   | the Florida Dept, of St   | ate:   |
|                              | Registered Office Address (MUST BE FLORIDA STREET A  | ADDRESS)  |  |
|                              | Naples .FL   | 34102   | 17 M)  |
|                              |  |   | MAY 25<br>AHASSS   |
| (b)                          | Enter name of NEW Registered Agent and/or NEW Registered   | Office address:   | AH 7:5   |
|                              | NEW Registered Office Address:   |   |  |
|                              | 1415 Panther Lane Suite 232  |   |  |
|                              | Naples , FL  | 34109   |  |
| the cha<br>agent v<br>was/we | imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of the organization or the operating agreement of the | vs of the State of F<br>the registered offi<br>ability company, it<br>of the limited liabil | ce and the business office of the registered<br>is hereby confirmed that the change(s)<br>ity company or as otherwise provided in  |
|                              | Dirk Fischer   | Dirk Fischer  |  |
| -                            | ture of a member ossasthorizadorepresentative of a member  |   | Printed or typed name of signee  |
| provisi<br>the obl<br>to mer | by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.                               | ree to act in this ca<br>performance of m<br>d for in Chapter 60<br>hereby confirm tha      | pacity. I further agree to comply with the<br>y duties, and I am familiar with and accept<br>05, F.S. Or, if this document is being filed<br>at the limited liability company has been |
| -                            | Dirk Fischer   |   |  |
| Signatu                      | re of Registered Agents A90540073460   |   |  |