11600184977

	II
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	
Office Use Only	



000303305180

09/18/17--01010--001 ++25.00

D SCOTT SEP 1 9 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALATRI	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	g this matter to the following:
Margarita Torres	
Name of Person	
Alatri LLC	
Firm/Company	
8931 Edgewater Place	
Address	
Parkland Fl. 33076	
City/State and Zip Coc	le
nascomsf@gmail.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this ma	 tter, please call:
Margarita Torres	954 3841794
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 follow	 ing amount:
\$25 Filing Fee	S55 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 605.0, submits the following statement in order to Florida.	0114 or 605,0116. Florida Statutes, the undersigned limited liability company o change its registered office or registered agent, or both, in the State of
1. Name of the limited liability company:	Alalki LLC.
2. (a) 8931 Colpenster pl	wie (b) 8931 (colonwater place
Principal office Aldress of limited hat (Note: MUST BE STREET AL	ability company: Mailing address of limited liability company: **DDRESS** (Note: MAY BE POST OFFICE BOX)
parkland F1 330	576. porkloud #1 33076
10/4/16.	[1600018A977
3. Date of filing/registration in	Florida 4. Document number
5. (a) VCORP SERVI	os llc
	on on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FL	LORIDA STREET ADDRESS)
5011 South St	ate Rd 7 Suite 105.
Savie	.FL 33314.
(b) MARparila 19	RKES
finter name of NIAV Registered Agent and o	or NEW Registered Office address:
8931 Eolge water	place
NEW Registered Office Address:	
yorkland	FL 33076
the change or changes are made, the Floridals agent will be identical. Or, in the case of a F	zed under the laws of the State of Florida, it is hereby confirmed that after street address of the registered office and the business office of the registered florida limited liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwise provided in greement of the limited liability company.
morganto boos	MARPARITO 16 RRES
Signature of a nymber or authorized representative	of a member Printed or typed name of signee
provisions of all statutes relative to the prope the obligations of my position as registered a	ed agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and accept agent as provided for in Chapter 605, F.S. Or, if this document is being filed office address. I hereby confirm that the limited liability company has been
Morgando boos	
Signature of Registered Agent	
Division of Corpo	orations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00