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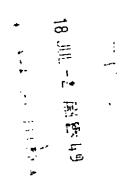
(Re	equestor's Name)				
(Address)					
(<u>A</u> r	ldress)				
(* **					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	The Alumni Entertainment Group LLC				
SOBSECT.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning the	is matter to the fo	llowing:		
Gerard Ga	uthier				
	Name of Person		-		
The Alumr	ni Entertainment Group LLC				
	Firm/Company		-		
11219 Hud	dson Hills Lane				
	Address		-		
Riverview	FL, 33579				
	City/State and Zip Code		•		
	entertainment@gmail.com				
E-mail	address: (to be used for future ann	ual report notifica	ation)		
For further in	nformation concerning this matter,	please call:			
Gerard Ga	uthier	305 at (984-1752		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Encl	losed is a check for the following	amount:			
≥ \$2	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. N	lame of the limited liability company: The Alumni for the limited liability company:	Entertainme	ent Group LI	LC		
2. (a)	11219 Hudson Hills Lane	(b) 1	(b) 11219 Hudson Hills Lane			
2. (2,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(9)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Riverview FL 33579	Ri	verview FL	33579		
	10/27/2016	 L16	5000198445	5		
3.	Date of filing/registration in Florida	4.	Docu	ment number		
5. (a	CORPORATION SERVICE COMPANY					
J. (a	Registered Agent and Registered Office shown on the records o	f the Florida Dep	t. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1201 HAYS STREET			ĺ.	<u>—</u>	
	TALLAHASSEE , F	L_32301		* 1*	r ia	
(b	Gerard Gauthier Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	Ε	. T.	配 卷 49	
	NEW Registered Office Address:					
	11219 Hudson Hills Lane					
	Riverview, F	_L 33579				
the cl agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered in the state of the limited liability composition of the limited liability in the state of	ed office and t any, it is herel liability company.	he business offic by confirmed that pany or as others	ce of the registered it the change(s) wise provided in	
Sign	nature of a member or authorized representative of a member		Printe	ر من المراق المراق d or typed name of s	ignee	
provi the of to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provid rely reflect a change in the registered office address. I ed in writing of this change.	gree to act in a e performanc ed for in Cha hereby confi	this capacity. e of my duties, oter 605, F.S. rm that the lin	l further agree t and I am famili Or, if this docu nited liability con	o comply with the ar with and accept nent is being filed npany has been	
Signa	ture of Registered Agent					