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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	BidAlto, LLC					
		of Limited Liab	ility Company			
Dear S	ir or Madam:					
The en	nclosed Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the fol	lowing:			
Chris	tian Abraham					
	Name of Person					
Ande	rson Business Advisors					
	Firm/Company					
3225	McLeod Drive, #100					
	Address					
Las \	/egas, NV 89121					
	City/State and Zip Code					
ra@a	andersonadvisors.com					
E	E-mail address: (to be used for future annu-	al report notifica	tion)			
For fu	rther information concerning this matter, p	lease call:				
Chris	tian Abraham	800 at (7064741			
	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	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18	8 (2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BO' LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

1.	Na	me of the limited liability company: BidAlto, Ll	LC				
2.	(a)		((b)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:		Aailing address of limited liability con (Note: MAY BE POST OFFICE B		
		6742 Forest Hill Blvd #162		6742 Fo	6742 Forest Hill Blvd #162		
		West Palm Beach, FL 33413		West Pa	alm Beach, FL 33413		
		10/27/2016		L160001	198904		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)						
J. (",		Registered Agent and Registered Office shown on the record UNITED STATES CORPORATION AGE	te:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_		
		5575 S. SEMORAN BLVD SUITE 36					
		Orlando	, FL_32822	2	2 019		
(b	(b)	Anderson Registered Agents, Inc.			2019 OCT -2		
	(~)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	•				
		1000 North Washington Blvd					
		NEW Registered Office Address:			, 60 Ω		
			<u></u>	· ·	_		
		Sarasota	, _{FL} 34236	ô	_		
the age was	cha nt w s/we	mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	e laws of the segon of the reged liability cers of the limited	e State of Fl istered offic company, it i mited liabilit liability cor	e and the business office of the rais hereby confirmed that the char ty company or as otherwise provingany.		
			. <u>C</u> ł	nristian Ab			
	_	ure of a member or authorized representative of a member			Printed or typed name of signee		
I n pro the to n not	eret visid obli nere ified	by accept the appointment as registered agent and compons of all statutes relative to the proper and compigations of my position as registered agent as provity reflect a change in the registered office address in writing of this ohange.	tagree to ac lete perforn vided for in s, I hereby c	ct in this cap nance of my Chapter 60, confirm that	vacity. I further agree to comply duties, and I am familiar with a. 5. F.S. Or, if this document is be the limited liability company ha		
Sie	natur	re of Registered Agent					