11700008768

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
(23						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



800311093018

03/30/18--01016--019 **25.00

18 MAR 38 AH 9: 49

Y SULKER APR 0 2 2018

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	ALFIO LLC							
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ice Change and f	ee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:								
JEAN	I CHARLES BEAULIEU							
	Name of Person		_					
	Firm/Company		<u></u>					
1121	NW 75TH AVE		,					
	Address							
PLAN	ITATION FL 33313							
	City/State and Zip Code		_					
alfiofl	orida@gmail.coom							
Е	-mail address: (to be used for future ann	ual report notific	eation)					
For fur	ther information concerning this matter,	please call:						
JEAN	CHARLES BEAULIEU	754 at (800-5974					
	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	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314					
Enclosed is a check for the following amount:								
	■ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy					
INHS18	8 (2/14)							

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.	Na	me of the limited liability company: ALFIO LLC				
2	(a)	ALFIO LLC	(h	<i>.</i> ,	ALFIO LI	_C
2.	(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	<i>'</i>) -	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1121 NW 75th AVE		•	1121 NW	75th AVE
		PLANTATION FL 33313	.	<u></u>	PLANTA	TION FL 33313
		APRIL 19, 2017		L	1700008	7681
3.		Date of filing/registration in Florida	4.		Γ	Document number
5.	(a)	LEGALCORP SOLUTIONS, LLC				
٥.	(4)	Registered Agent and Registered Office shown on the records of the	e Florida	a D	ept. of State:	
		TRAVIS CRABTREE, OBO LEGALCORP SO	LUTI	Ol	NS, LLC	
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	5)		
		3440 W HOLLYWOOD BLVD, SUITE 415				
		HOLLYWOOD ,FL 3	3021			×,
	(b)	JEAN CHARLES BEAULIEU				18
	(-)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	dre	<u>:85</u> :	MAR
		JEAN CHARLES BEAULIEU				
		NEW Registered Office Address:				3
		1784 NE 163RD STREET				
		NORTH MIAMI BEACH FL.3	3162			
the age wa	cha ent v s/we	imited liability company is not organized under the lawsunge or changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	he registility control the limited l	ste om nite lia	red office pany, it is ed liability bility comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	igna	ture of a member or authorized representative of a member	, (L)	_		Printed or typed name of signee
I h pro the to no	nerei oviși obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I he is in writing of this change.	e to aci erform for in (ereby c	t ir ch on	n this capa ce of my di apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00