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(Requestor's Name)						
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(Document Number)						
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COVER LETTER

LLC

TO: Regist Division	ration Section on of Corporations			
SUBJECT: _	Alternative CE Name of Lin	ted Liability Company		
Dear Sir or Ma	adam:			
The enclosed I	Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return a	all correspondence concerning this matter	to the following:		
K	Name of Person			
Alte	rnative (EO Cons Firm/Company	witing group LLC		
13	S maryland &	ne_		
4	City/State and Zip Code	33563		
Keluin E-mail ad	ddress: (to be used for future annual repo	ais. on et notification)		
For further inf	formation concerning this matter, please c	all:		
Kelvi	Name of Person	813) 730 9731		
Regist Divisi Cliftor 2661 I	Name of Person EET/COURIER ADDRESS: Tration Section on of Corporations on Building Executive Center Circle trassee, Florida 32301	Area Code & Daytime Telephone Number MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
≨ \$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				لــا
I. Na	ume of the limited liability company: Alternation	ve	CEO CO	nsulting gro
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mayland A of limited liability company: BE POST OFFICE BOX)
	plant city		Plant a	<u></u>
	F1 33563		FI 33:	563
3			L17000	
3.	Date of filing/registration in Florida 4.		Document n	umber
5. (a)	Registered Agent and Registered Office shown on the records of the Flo	orida Dept. o	of State:	
		•		
	Registered Office Address MUST BE FLORIDA STREET ADDR	ESS)		
				3 6 8
	Plant city FL 3	325 L		FILED PH 3: 2
		به سر <u>د د</u>		FILED
(b)	Kelvin George			₂ 0
	Enter name of NEW Registered Agent and/or NEW Registered Office	<u>e address</u> :		<u> </u>
	13 S Maculand Ave.			21
	13 S Maryland Ave NEW Registered Office Address:			
	Plant City FL 3	3351	<u> </u>	
the cha agent v was/we	imited liability company is not organized under the laws of ange or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the ieles of organization or the operating agreement of the limited	egistered y company limited lia	office and the busi y, it is hereby conf ability company or y company.	ness office of the registered irmed that the change(s) as otherwise provided in
	Dreka Co		<u>Orchid</u>	George d name of signee
	dure of a member or authorized representative of a member		• •	~
provisi the obl to merc	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for ely reflect a change in the registered office address. I hereby the writing of this phange.	act in this prmance o in Chapte y confirm	s capacity. I furth f my duties, and I c r 605, F.S. Or, if c that the limited lic	er agree to comply with the am familiar with and accept this document is being filed ability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Signature of Registered Age