## L17000 133207

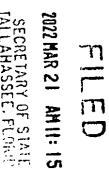
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
j. horne apr - 5 2022					

Office Use Only



200383286782

03/21/22--01022--017 \*\*25.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations		· · · · · · · · · · · · · · · · · · ·					
	· ·							
SUBJ	ECT:	Alliance Cabinets Plus LLC						
	Na	ame of Limited Li	iability Company					
Dear S	Sir or Madam:							
The e	nclosed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning t	this matter to the f	following:					
Morga	n Golden							
	Name of Person		<del></del>					
New F	Business Filing LLC							
	Firm/Company							
925 C	ongress Park Drive							
	Address		_					
Dayto	n Ohio 454 <b>59</b>							
	City/State and Zip Code		_					
orders	@newbusinessfiling.org							
	E-mail address: (to be used for future ar	nnual report notifi	ication)					
For fu	orther information concerning this matte	er, please call:						
Morga	n Golden	888 at (	701-6450					
	Name of Person	at (	Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following	ng 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.

1. Na	ame of the limited liability company	Plus L	rc.			
2. (a)	713 North C Street, Lake Worth, FL 33460		713 No	orth C Street, Lake Worth, FL 33460		
(u)	Principal office address of limited hability company: (Note: MUST BE STREET (DDRESS)	_		Mailing address of limited liability company (Note: M.1) BE POST OFFICE BOX)		
,	06/19/2017  Date of filing/registration in Florida	 	L17000)	33207  Document number		
3.	Elias Rivera	₽.		Document numer		
( <b>b</b> )	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  921 JADESTONE CIRCLE, ORLANDO, FL 32828  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	-	address:	FILE 2022 HAR 21 AI SECRETARY OF TALLAHASSEE.		
	Elías Rivera					
	NEW Registered Office Address. 713 North C Street					
	Lake Worth, FI	33460		·		
change agent was/w the arti-  Signa  I here provise the objeto mer	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited hiere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is din writing of this change.	regist ability of the I limite El	ered office company, imited liab I liability ias Rivera teet in this common of i	rand the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  Printed or typed name of signee to comply with the need duties, and I am familiar with and accept		
Signatu	ne of Registered Agent					