Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
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LLC REGISTERED AGENT CHANGE ALEGRO TRADING, LLC

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NOV 0 7 2023

K. Brumbley

INHS18 (2/14)

COVER LETTER

TO:	_	stration Section sion of Corporations					
SUBJI	ECT:	ALEGRO TRADING, LLC					
		ì	Name of Limited	ed Liability Company			
Dear S	Sir or N	fadam:					
The en	closed	Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.			
Please	return	all correspondence concerning	g this matter to t	the following:			
Mary (Castillo						
		Name of Person					
Regist	ered Ag	gent Solutions, Inc.					
		Firm/Company					
Corpoi	rate Ce	nter One, 5301 Southwest Pkwy,	Ste 400				
		Address					
Austin	, TX 78	3735					
		City/State and Zip Cod	le				
—— <u>—</u>	E-mail	address: (to be used for future	annual report no	notification)			
For fu	rther in	nformation concerning this mat	ter, please call:	l:			
Mary (Castillo		888 at (705-7274			
		Name of Person		Area Code & Daytime Telephone Number			
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Encl	osed is a check for the follow	ing amount:	Tananassee, FE 32303			
	□ \$2	25 Filing Fee		S55 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	ame of the limited liability company: ALEGRO TRAI	DING, LI	LC					
2. (a)	1197 W. 49TH STREET	,	(b) 1197 W. 49TH STREET					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) HIALEAH, FL 33012		. ,	_	MAY BE POST O	•		
	HIALEAN, FL 33012			LEAR, FL 33				
	8/11/2017		L1700	X0172476				
3.	Date of filing/registration in Florida	4.		Docum	nent number			
5. (a)	Santiesteban, Melissa							
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept.	of State:				
	1197 W. 49TH STREET							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	HIALEAN F	L 33012				2		
(b)	Registered Agent Solutions, Inc.					023 N	<i></i>	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office s	iddress:		· · · · · · · · · · · · · · · · · · ·	Š.	<u> </u>	
	2894 Remington Green Ln.					2023 NOV-G PH		
	NEW Registered Office Address:				-	?	C	
	Ste. A					. 39		
	Tallahassee . F	L 32308						
change agent v was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of of the li	red offi compan mited li	ce and the buy, it is hereby ability comp	usiness office of y confirmed that	the regi	istered inge(s)	
181	Victor Vaquero	Vi	ctor Vac	quero	Authoriz	ed Sig	ner	
Signa	sture of a member or authorized representative of a member			Printed	l or typed name of si	gnee		
provis the ob- to mer	by accept the appointment as registered agent and ag ions 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 d in writing of this change.	ree to a e performed for in hereby	ct in thi nance o Chapte confirm	s capacity. I of my duties, or or 605, F.S. (that the limi	further agree to and I am familia Or, if this docum ited liability com	comply r with a lent is b pany he	wwith the and accept eing filed as been	
Charter	Mackenzie Hibler, Asst. Secr	etary						
oignatt	ire of Registered Agent							