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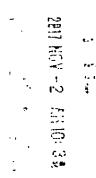
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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1. HARRIS

. COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ALFAD Name of Lin	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Hani Hanna				
Name of Person				
ALYADY LLC				
Firm/Company				
GO36NW 172nd Terr	, Hialeah, 41 33015			
Hialeah, #1 33015				
City/State and Zip Code				
E-mail address: (to be used for future annual repo				
· ·				
For further information concerning this matter, please of				
HaniHanna 786 D 49 hoo con at (786, 712 - 1842 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327			
Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
X \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (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. N	ame of the limited liability company: ALTCIAY LL	<u>C</u>
2 (a)	(b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6036 NW 172nd Ter CIR	
	Hialenh FL 33015	
	10-14-2617	17000217011
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	
` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
	10176 SW 53, A 51	281
	Cooper City , FL 33328	AOM 2012
	·	1 77.
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- · · · · · · · · · · · · · · · · · · ·
	Tante hand of M.W Registered Agent and/of M.W Registered Office address.	
	Samia Hanna	. ලි ය
	NEW Registered Office Address:	- <u>@</u>
	7215 Miamilakes DP	-
	Miami Lake FL 33014	
	Prigmi Lake FL 230 PM	-
the chagent was/w	imited liability company is not organized under the laws of the State of Floange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability confices of organization or the operating agreement of the limited liability confidence.	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	He Hani	Hann
Signa	iture of a member or authorized representative of a member	Hanney Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agree to act in this cap ions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 602 ely reflect a change in the registered office address. I hereby confirm that d in writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent