

LI8000171772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

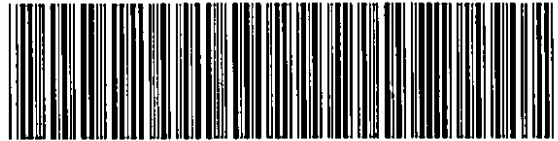
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18 AUG - 1 PM 3:58 18 AUG 20 AM 10:44

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

AUG 21 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2018

CALVIN JOSAPHAT
ALPHA ENGINEERING SERVICES
2032 CLAPPER TRAIL
APOPKA, FL 32703

SUBJECT: ALPHA ENGINEERING SERVICES LLC
Ref. Number: L18000171772

We have received your document for ALPHA ENGINEERING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 118A00016333

RECEIVED
18 AUG 20 AM 6:35
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Engineering Services

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Calvin Josaphat

Name of Person

Alpha Engineering Services

Firm/Company

2032 Clapper Trail

Address

Apopka, FL 32703

City/State and Zip Code

Calvinjosaphat@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calvin Josaphat

at (321)

3319959

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

MAILING 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.

1. Name of the limited liability company: Alpha Engineering Services

2. (a) Alpha Engineering Services (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2032 Clapper Trail

Apopka, FL 32703

7/17/2018

L18000171772

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agent Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

13302 Winding Oak Court

Tampa, FL 33612

(b) Calvin Josaphat

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

2032 Clapper Trail

Apopka, FL 32703

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18 AUG 20 AM 10:44
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Calvin Josaphat
Signature of a member or authorized representative of a member

Calvin Josaphat

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.

Calvin Josaphat
Signature of Registered Agent