## L19 00020Z 517

(Requestor's Name)	
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## COVER LETTER

TO:	Registration Section Division of Corporations		
.18182 8:	ALPHA POWER SECURITY	& SERVICE	LLC
SUBJ	Nam	e of Limited Li	ability Company
Dear S	ir or Madam:		
The er	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the	following:
JESU	JS ARTURO GALVIS PICO		
	Name of Person		- <del></del>
ALP	HA POWER SECURITY & SERVIC	E LLC	
	Firm/Company		_
8028	NW 136TH AVE		
	Address		_
MIAI	MI FL 33182		
	City/State and Zip Code		
	UROGALVIS17MIA@GMAIL.COM		
	E-mail address: (to be used for future ann	ual report noti	lication)
For fu	orther information concerning this matter.	, please call:	
JES	JS ARTURO GALVIS PICO	786	856-2475
	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	Ri Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	☑ \$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

(a)	Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	(b)	Mailing address of limited liability compa
	808 NW 136TH AVE MIAMI FL 33182		
	08/08/2019	L19	9000202517
	Date of filing/registration in Florida JESUS ARTURO GALVIS PICO	4.	Document number
	Registered Agent and Registered Office shown on the recor	ds of the Florida Def	int of Male.
	Registered Office Address (MUST BE FLORIDA STR.)		
	Registered Office Address (MUST BE FLORIDA STR. 808 NW 136TH AVE	EET ADDRESS)	
l	Registered Office Address (MUST BE FLORIDA STR.		
(b)	Registered Office Address (MUST BE FLORIDA STR. 808 NW 136TH AVE	<u>SET ADDRESS)</u> . FL 33182	
(b)	Registered Office Address (MUST BE FLORIDA STR.) 808 NW 136TH AVE MIAMI  JESUS ARTURO GALVIS PICO	<u>SET ADDRESS)</u> . FL 33182	

d 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.

JESUS ARTURO GALVIS PICO

Signature of a member or authorized representative of a thember

Printed or typed name of signee

I hereby accept the appointment as registered ligent 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 this change.