

(Requestor's Name) (Address)				
(Address)	6004352			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	08/27/2401009			
(Business Entity Name) (Document Number)				
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COVER LETTER

Divis	sion of Corporations					
SUBJECT:	ALPHA STUCCO & SIDING.	LLC				
SUBJECT.	Name of Limited Liability Company					
Dear Sir or M	fadam:					
The enclosed	Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerni	ng this matter to the	following:			
Michael Brand	co					
	Name of Person					
	Firm/Company		_			
9484 Boggy C	reck Road					
	Address	<u>-</u>				
Orlando, FL 3	2824					
	City/State and Zip Co	ode	_			
mbbcorporatio	ons@gmail.com					
E-mail a	address: (to be used for future	e annual report notif	ication)			
For further in	formation concerning this ma	atter, please call:				
Michael Branc	eo	at (407-467-9800			
	Name of Person		Area Code & Daytime Telephone Number			
Regi: Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclo	osed is a check for the follo	wing amount:				
■ \$2	5 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy			

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Registration Section

TO:

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	ime of the limited liability company: ALPHA STUCCO	O & SID)]/	G, LLC			
2. (:	3)	9484 Boggy Creek Road	((b)	9484 Bogg	ggy Creek Road		
(-	-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liabili (Note: MAY BE POST OFF)		-
		ORLANDO, FL 32824	_		ORLANDO	OO, FL 32824		
		10/07/2019		I	.190002526	2607		
3.		Date of filing/registration in Florida	4.	_		Document number		
5. (a)	Losey PLLC						
, (u)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1420 Edgewater Drive				-)		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- ALF	2024 AUG 27 SELANDAHA		
		Orlando, FL	32804			TALLAHASS	27	m
(b)	o)	Michael Branco			SSEE S			
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三	PM 4: 57		
		9484 Boggy Creek Road						
		NEW Registered Office Address:				_		
		Orlando, FL	32824			_		
chan agen was/	ge t w	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe bility c f the lin limited	rec on mi lia	l office and npany, it is sed liability	nd the business office of the is hereby confirmed that the ty company or as otherwise inpany.	regis chan	tered ige(s)
Sig	nat	ure of a member or authorized representative of a member		CII.	aci Bianco	Printed or typed name of signed	,	
I he. prov the o	rel isio bli ere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have been also so this change.	ee to ac perforn I for in vereby c	et i nai Cl	n this capa ice of my d iapter 605, ifirm that t	• • • • • • • • • • • • • • • • • • • •		with the ad accept ing filed s been
Signa	atu	re of Registered Agent						