L20000341047

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500396924915

SECRETARY OF STA

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Alienware IT Consulting	g Services LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	his matter to the following:				
Robson Prado Silva					
Name of Person					
Alienware IT Consulting Services	s LLC				
Firm/Company					
4917 NW 55th CT					
Address					
Tamarac, Florida 33319					
City/State and Zip Code					
robpsilva@hotmail.com					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	r, please call:				
Robson Prado Silva	at (954) 534-4903				
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	g amount:				
□ \$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.	Na	me of the limited liability company: Alienware	IT (<u> </u>	onsu	Iting Services LLC
2	(a)	Robson Prado Silva	(h	, F	Robso	n Prado Silva
	(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	′′ ~		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		4917 NW 55th CT		4	917 N	IW 55th CT
		Tamarac Florida	_	T	amara	c Florida 33319
		11/11/2020		8	5-38	24053 (Laccco 341047)
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	UNITED STATES CORPORATION AG	ENT	S,	INC.	
	(-)	Registered Agent and Registered Office shown on the records of th	e Florida	a De	pt. of Stat	- e:
		UNITED STATES CORPORATION AG	ENT	S,	INC.	20 7
		Registered Office Address (MUST BE FLORIDA STREET AL	SECRETAR TALLAR			
		5575 S. SEMORAN BLVD.			_	
		ORLANDO , FL	3282	2		्री चर्च ः स्टब्स्
	(b)	Registered Agents Inc				PH I: 28
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dre	<u>ss</u> :	<u> </u>
		7901 4th St N				
		NEW Registered Office Address:				_
		STE 300				_
		St. Petersburg	33702	2		-
the age	cha ent w s/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis sility co the lim	ster omp nite	ed offic cany, it i d liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
			Ro	Robson Prado Silva		
- 5	Signat	ure of a member or authorized representative of a member				Printed or typed name of signee
pro the	ovisi obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address. I he I in writing of this change.	e to act erform for in (ereby co	t in and Cha onf	this cap ze of my upter 60: irm that	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

Signature of Registered Agent

Bill Havre

Assistant Secretary