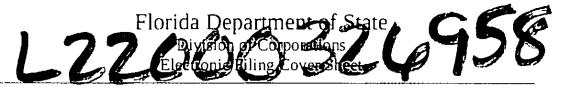
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002171143)))



H240002171143ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number

: (813)436-5206

er the email address for this business entity to be used for future විසි.annual report mailings. Enter only one email address please.** විසින්

Email Address:_

LLC REGISTERED AGENT CHANGE ALPHA CAPITAL INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Corporate Filing Menu

Help

K. Brumbley

"ito

024 2

6/24/2024 08:03:50 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

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.

Ir 1. Na	me of the limited liability company: ALPHA CAPITA	LINTERNAT	IONAL LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PT	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	07/25/2022 Date of filing/registration in Florida		000326958
5. (a)	GLADYS RODRIGUEZ		Bocomen name:
li c.	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 14901 SW 114 TER Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		i, of State:
\ ;	MIAMI	33196	
. (b)	NORTHWEST REGISTERED AGENT LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:		2024 .: .: 24
i t	7901 4TH ST N		
	NEW Registered Office Address:		
	STE 300		
	ST. PETERSBURG , FL	33702	
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	registered of ability compa of the limited limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signa	ture of a member or authorized representative of a member	Nat Smit	Printed or typed name of signee
I here provisi the obl to mer	by accept the appointment as registered agent and agricus of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. Taylor Newman	ee to act in the performance I for in Chap vereby confir	his capacity. I further agree to comply with the