

L22 000 363009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

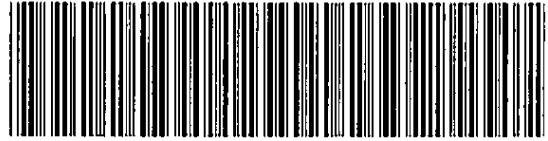
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2023

MICHELLE CALKINS  
MILLER TURETSKY RULE & MCLENNAN  
3770 RIDGE PIKE  
COLLEGEVILLE, PA 19426

COPY

SUBJECT: ALPHA MECHANICAL CONSTRUCTION SOLUTIONS, LLC  
Ref. Number: L22000363009

We have received your document for ALPHA MECHANICAL CONSTRUCTION SOLUTIONS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 723A00025675

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STATE  
TALLAHASSEE, FL

NOV 17 2023

**MILLER TURETSKY RULE & MCLENNAN**  
*A Professional Corporation*

KEITH B. MCLENNAN\*  
JOSHUA H. CAMSON\*  
JACQUELINE A. JOHNSON  
ALI S. MUNSHI

ATTORNEYS AT LAW  
3770 RIDGE PIKE  
COLLEGEVILLE, PENNSYLVANIA 19426  
(610) 489-3300 Office  
(610) 489-1157 Facsimile  
[www.millerturetsky.com](http://www.millerturetsky.com)

MARK D. TURETSKY  
JOHN A. RULE

*Of Counsel*

\*ALSO MEMBER OF NEW JERSEY BAR

November 13, 2023

Florida Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

**RE: Alpha Mechanical Construction Solutions, LLC**  
**Entity No. L22000363009**  
**Letter Number: 723A00025675**

Dear Sir/Ms:

Pursuant to your letter dated November 4, 2023, a copy of which is enclosed, my firm's check in the amount of \$25.00 representing payment of your filing fee is enclosed.

It is my understanding that you have retained the pending document in your file.

Kindly provide me with a time stamped copy once the address has been changed.

Very truly yours,

*M. Calkins*

Michelle Calkins  
Paralegal to Keith B. McLennan

/mac

Enclosure

STATE  
TALLAHASSEE, FL

2023 NOV 17 PM 4:31

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2023

MICHELLE CALKINS  
MILLER TURETSKY RULE & MCLENNAN  
3770 RIDGE PIKE  
COLLEGEVILLE, PA 19426

SUBJECT: ALPHA MECHANICAL CONSTRUCTION SOLUTIONS, LLC  
Ref. Number: L22000363009

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Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 723A00025675

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL

**MILLER TURETSKY RULE & McLENNAN**  
*A Professional Corporation*

KEITH B. McLENNAN\*  
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MARK D. TURETSKY  
JOHN A. RULE

*Of Counsel*

October 25, 2023

Florida Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

**RE: Alpha Mechanical Construction Solutions, LLC**

Dear Sir/Ms:

Enclosed please find one (1) original and one (1) copy of a *Statement Of Change Of Registered Office* for the above named company.

Kindly process this change and provide me with your acknowledgment of same in the enclosed envelope.

My firm's check in the amount of \$25.00 representing payment of your filing fee is enclosed.

Very truly yours,

*M. Calkins*

Michelle Calkins  
Paralegal to Keith B. McLennan

/mac

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2023 NOV 17 PM 4:30  
TALLAHASSEE, FL

**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 Mechanical Construction Solutions, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

15694 85th Rd N

15694 85th Rd N

Loxahatchee FL, 33470

Loxahatchee FL, 33470

August 17, 2022

L22000363009

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Miguel Mayorca

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

13750 Doubletree Trail

Wellington, FL 33414

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

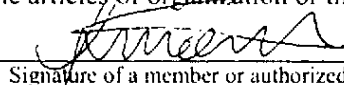
Joanna Stevens

**NEW Registered Office Address:**

15694 85th Rd N

Loxahatchee, FL 33470

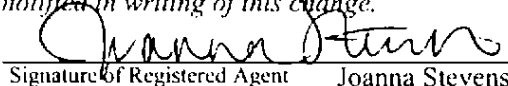
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
Signature of a member or authorized representative of a member

Miguel Mayorca, Manager

Printed or typed name of signer

*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 this change.*

  
Signature of Registered Agent Joanna Stevens

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