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(R	Requestor's Name)	
(A	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	-
(Bc	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Alliand Group, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Komar (Name of Person)
The Alliand Goup, LLC (Firm/Company)
9776 Grand Verde Way-Unit 708 (Address)
Boca Raton FL 33428 (City/State and Zip Code)
For further information concerning this matter, please call:
Tohn Koman at (S61) 703-5708  (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  MAHLING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy}

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

. The name of the registered agent and the registered office address as shown on the rec
Florida Department of State:
John Koman
11630 SW 200 Street-Unit 308
Pembroke Pines, FL 33025
City, State and Zip

6. The name and address of the new registered agent and/or office:

John Komar
9776 Grand Verde Way-Unit 708
Florida street address (P.O. Box NOT acceptable)
Boca Raton, FL 33428
City, State and Zip

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.

John V. Komale	SEI	2005	
(Signature of a member or authorized representative of a member)	>5		
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John Roman	SSS	t	germen south
(Printed or typed name of signee)	ĞĞ.	;	( 1

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 608, 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)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00