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DOCUMEN! # L9900008078						≨ . 11	1.11			
ALM INDIAN, LLC						FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS				
rincipal Plac	e of Business	Mailing Address				00 FEB 29	PH 1:1	9		
000 NORTH	KINGS HIGHWAY	PO BOX 670								
T. PIERCE FI	-	FT. PIERCE FL 34954-0	670							
Principal P	lace of Business	3. Mailing Address	Mailing Address				. 51 11 15 16 16 17 17 17 17 17 17	48 6 5	 	
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Zip	Country	Zip	Coun	try	5 . C	Certificate of Status Desire	d 🗆	\$5.00 Add		
	6. Name and Address of Current f	Registered Agent			7. N	lame and Address of Nev	v Registered			
				Name					Ì	
•	Michael D Ith 25th St., Suite 200			Street Add	lress (P.O. Bo	ox Number is Not Accepta	ble)			
	E FL 34947	•								
				City		<u> </u>	FL	Zip Code	e	
The above	named entity submits this statement for	the ournose of changing i	its registere	d office or re	egistered age	ent, or both, in the State of		<u>- </u>		
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IGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable / (No	OTE: Registered	Agent signature	required when rei	instating)	DATE			
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1. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify that my signature shall hav	for the exer	nption stated	as if made ur	19.07(3)(i), Florida Statute nder oath; that I am a mai	s. I further cer naging membe	tify that the in or manage.	nformation r of the	

SIGNATUPE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Manager, TripleDate Daytime Phone #