	MENT# 19900	0008152°	H'E)(OBK)			
1. Entity Nam	i c	0000132		FILED.	2	
ALPHACE	ELLULAR.COM, LLC			00 MAR 27 PM 2: 06		
			<u> </u>	1 1		
Principal Place of Business Mailing Address 4000 NOPTH DIVIE HIGHWAY			NAV	SECRETARY OF STATE TALLAHASSEE FLORIDA		
4060 NOFTH DIXIE HIGHWAY BOCA RATON FL 33431 BOCA RATON FL 33431-454				IACCIONISTE -		
				. I TREMEN ENE 1200 JOHN JOHN BOWN BOWN BOWN BOWN BOWN HOLD WAS BOWN BOWN		
2. Principal Place of Business 4060 N. P. XIE Hwy Suite, Apt. #, etc. 3. Mailing Address 4060 N. D. XIE Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
			us Hwy			
<u> </u>	·	Suite, Apr. #, etc.			<u></u>	
City & State BOCA RATON FL BOCA RATON		v FL	4. FEI Number Applied Not App	——-		
Zip	Country	Zip	Country	5 Cartificate of Status Decired S5.00 Additiona		
3343	6. Name and Address of Current	3343/ Registered Agent	USA	7. Name and Address of New Registered Agent		
			Name R	N BIENSTEIN	,	
EMO CORPORATE SERVICES, INC. 100 NE THIRD AVENUE, SUITE 1100			Street Addres	s (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33301			4060	N. DIXIC HWY		
			City	RATIN FL Zip Code 8343/	,	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida.		
•	PRX	RON BERNE	ATTENDED PR	LSIDENT/MGR 2:14.00		
SIGNATURE .	Signature, typed or printed name of registered agent a		: Registered Agent signature requ			
		4	OW!!! FEE IS \$50.0	1		
			yable to Department			
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES	Addition 6	
TITLE NAME	PRESIDENT MGR Delete RON BLEWSTEIN MGR 4060 N. DIXIC HWY		NAME	C (margo)	6) 6	
STREET AODRESS CITY-ST-ZIP	BOCA RATING FL	y 72421	STREET ADDRESS CITY+ST-ZLP		Addition (6/6)	
TITLE	BOCK KATTO, FC		TITLE	☐ Change ☐	Addition 2	
NAME			NAME STREET ADDRESS	E00002205105	. =	
STREET ADDRESS CITY-ST-ZIP			CITY-8T-ZIP	500003205105-016	20	
TITLE		Delete	TITLE	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-8T-ZIP			CITY-8T-ZIP			
TITLE NAME		☐ Delata	TITLE NAME	Change []	Addition	
STREET ADDRESS			STREET ADDRESS			
CITS- ST-ZIP	<u>'</u>		TITLE	☐ Change ☐ /	Addition	
NAME	-• ` - • •	<i>193510</i>	NAME			
STREET ADDRESS	A SHOW IN THE STATE OF THE SHOW IN	to the second	STREET ADDRESS CITY-ST-ZIP	e de la companya della companya della companya de la companya della companya dell		
TITLE		☐ Detete	TITLE	☐ Change ☐	Addition	
NAME STREET ADDRESS	,		NAME STREET ADDRESS			
CITY- 81- ZIP			CITY- 81- ZIP			
11. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information of the condition of the formation of the condition of the condi	ation	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Date

Date

Dayling Phone # SIGNATURE: