M0700006722

. •
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500161687475

10/14/09--01009--002 **25.00

PILED

09 OCT 14 AM IO: 03

SECRETARY OF STATE
FALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A Lex Ventury Name of Limited	All alone Communication	
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 m	natter to the following:	
Name of Person		
Firm/Company		
Firm/Company		
3808 Hunters Este Dr.		
Address	•	
Orlando, Flovida City/State and Zip Code	52837	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jay Young at (407) 816-4135	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	ranalasso, rona ses r	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agein, or com, in the state of 1 to than	_
1. Name of the limited liability company: Alck V	enturos IIC
2. (a) Principal office address of limited liability company	v: 3808 HUnters Isla Pr.
(Note: MUST BE STREET ADDRESS)	orla. du F1 32837
(b) Mailing address of limited liability company:	3808 Huntirs Isli Dr.
(Note: MAY BE POST OFFICE BOX)	0 r/m/0 F1 72837
Monchin 14th	MO TOOO OU STEEL
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:
Registered Agent:	ct corporation
Registered Office Address:	1200 SOVAL Pine Island Ro
NEW Registered Agent:	July Young
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3808 HU-HUS ISIL Dr.
	Orlando ,FL 72837
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or autiforized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of the product of the process o	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of degistered Agent	

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