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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE ALCOTT HR GROUP LLC

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## **COVER LETTER**

TO:	Registration Section
	Division of Comorations

ALCOTT HR 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:

Enclosed is a check for the following amount:

Joshua Murphy	
Name of Person	<del></del> _
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkw	vy. Ste 400
Address	<del></del>
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Joshua Murphy	888 705-7274
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

15129570210

## 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.

Florida.					
l. Nai	me of the limited liability company: ALCOTT H	R GROU	JP LLC		
2. (a)	71 EXECUTIVE BLVD.	<sub>(b)</sub> 71	EXECUTI	VE BLVD	•
2. (a) _	Principal office address of limited liability company:	_ (0)	Mailing address	of limited liability con	npany:
	(Note: MUST BE STREET ADDRESS)	<b>-</b> 4		BE POST OFFICE B	
	FARMINGDALE, NY 11735	<u> </u>	RMINGDA	ALE, NY 1	1/35
	3/12/2008	MO	8000001191		
3.	Date of filing/registration in Florida	4.	Document no	umber	
	REGISTERED AGENT SOLUTIONS, I	NC.			
5. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida Dept.	of State:		
	155 OFFICE PLAZA DRIVE, S	STE A			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>	7 m	2022
				g.	<b>?</b> J:
	TALLAHASSEE FI	32301			STINDE
				48	
(b)	Registered Agent Solutions, Inc.	<u></u>			<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:		3 <b>5</b>	ფ. ,
	155 Office Plaza Dr.				_
	NEW Registered Office Address:				
	Suite A				
	Tallahassee <sub>FI</sub>	32301			
			<del></del>		
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered bility compains f the limited b	roffice and the bus ry, it is hereby con- iability company o	firmed that the ch	ange(s)
	teven Politis	Steven	Politis	Authorized	Person
Simo	ture of a member or authorized representative of a member		Printed or typ	ed name of signee	

Signature of a member or authorized representative of a member

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 Mackenzie Hart, Asst. Secretary