

M08000005157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

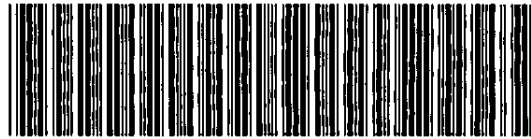
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AA Change

Office Use Only



800252257588

10/07/13--01031--023 \*\*25.00

FILED

13 OCT 23 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch OCT. 24, 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALCAT FT. PIERCE, 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:

Henri J DesPlaines

Name of Person

JJ Taylor Companies, Inc.

Firm/Company

655 North A1A

Address

Jupiter, FL 33477

City/State and Zip Code

rosemary\_jones@jytaylor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosemary Jones

Name of Person

at ( 561 ) 354-2900

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2013

HENRI J DESPLAINES  
655 NORTH A1A  
JUPITER, FL 33477

SUBJECT: ALCAT FT. PIERCE, LLC  
Ref. Number: M08000005157

We have received your document for ALCAT FT. PIERCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 113A00023585

**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.

1. Name of the limited liability company: ALCAT FT. PIERCE, LLC

2. (a) Principal office address of limited liability company: 655 North A1A  
Jupiter, FL 33477  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

Nov. 24, 2008  
3. Date of filing/registration in Florida

M08000005157  
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 South Pine Island Rd.  
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Henri J. DesPlaines

**NEW** Registered Office Address:

655 North A1A

**(MUST BE FLORIDA STREET ADDRESS)**

Jupiter, FL 33477

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.

Henri J. DesPlaines  
Signature of a member or authorized representative of a member

HENRI J. DESPLAINES  
Printed or typed name of signer

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.

X Henri J. DesPlaines  
Signature of Registered Agent

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