

M09000003643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

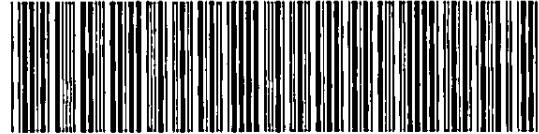
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/25/18 11:11 AM

FILED
JUN 25 2018
2018 JUN 25 PM 3:11

N. CAUSSEAU

JUN 25 2018



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

			NUMBER PAGES:
Date	June 18, 2013		AE: Destiny Baylor
TO	Florida Department of State	H1080	REFERENCE: 1177915
	PO Box 6327		
	Tallahassee, FL 32314		

FAX

PLEASE PERFORM THE FOLLOWING:

ALTRU, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Hello,

Please file the attached Change of Agent form. If you have any questions or concerns, please feel free to contact me at dbaylor@myparacorp.com or by telephone at 800-322-8539. Enclosed is a check for the filing fee

Thank you.

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	682043	Florida Department of State	\$25

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Destiny Baylor TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

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.

1. Name of the limited liability company: ALTRU, LLC

2. (a) 3975 ERIE AVE.

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

CINCINNATI, OH 45208

(b) 3975 ERIE AVE.

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

CINCINNATI, OH 45208

09/15/2009

M09000003643

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17888 67TH COURT NORTH

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

LOXAHATCHEE, FL 33470

_____, FL

(b) Paracorp Incorporated

Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Drive, 1st Floor

NEW Registered Office Address:

Tallahassee, FL 32301

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.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

J. Herrera Asst. Secretary
Signature of Registered Agent

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