M10000001122

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J. SAULSBERRY EXAMINER APR 5 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 587437

7926233

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 28, 2013

ORDER TIME: 11:43 AM

ORDER NO. : 587437-002

CUSTOMER NO: 7926233

CHANGE OF AGENT

NAME: ALPHA OPPORTUNITY FUND I, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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.

3	
1. Name of the limited liability company: ALPHA C)PPORTUNITY FUND I, LLC
2. (a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	Suite C-195
	Scottsdale, AZ 85250
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
03/10/2010	M10000001122
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	515 East Park Avenue Tallahassee, FL 32301
	20 F
(b) Enter name of NEW Registered Agent and/o	or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	1201 Hays Street
(MOST BET EOMDT STREET NODRESS)	Tallahassee ,FL 32301
the members of the limited liability company or as on the operating agreement of the limited liability company.	the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Signature of a member or authorized representative of a member	
Dona Priebe, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.
By: Drace 2-Kubie	_
•	pany Grace E. Kirby, Asst. VP
Division of Corporations, P.O. I	Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)