M24000004540

(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



000432814920

6 12 1-10120 利田 米亚.亚

2024 JUL 11 JII C: 20

S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALCAT SERVICE Name of Limited Li	S. LLC ability 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 f	ollowing:
Stuart Shapino Name of Person	
J.J. Taylor Companies Inc. Firm/Company	_
655 North A1A	
Topiter, FL 33477 City/State and Zip Code	<u>-</u>
Stuart-Shapin: @ itaylor. Com E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
Stuart Shapiro at (561 Name of Person) 354-2900 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

₹ \$25 Filing Fee

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	Name of the limited liability company: ALCAT SERVICES, LLC	
	<u>.</u>	
2. (a)	Principal office address of limited liability company: Marting address of	limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BI	E POST OFFICE BON
	Jupiter, FL 33477 _ Jupiter, FL	33411
	3/15/2014 M24-0000	04560
3.	Trate of timigregistration in Figure	iner
5 (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	1200 South Pinz Island Rd.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		<u>`</u> ≥
	Plantation FL 33324	1024 JUL 11
	Plantation FL 0002	三 英 声
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address	
	Entername of NEW Registered Agent and/or NEW Registered Office address:	
	653 North ALA	<u> </u>
	NEW Registered Office Address:	20 3
	22.22	
	Jupiter	
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby	confirmed that after the
mental at	or changes are made, the Florida street address of the registered office and the business of will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed to the case of a Florida limited liability company.	ed that the change(s)
was/we the artic	re authorized by an affirmative vote of the members of the limited liability company or as cles of organization of the operating agreement of the limited liability company.	
	ure of a member of authorized representative of a member Shart Shart Printed or typed na	# Transport
	the state of the s	orac or complexeith the
- l hereb -provisio -do: aldi	by accept the appointment as registered agent and agree to act in this capacity. I farrier as ons of all statutes relative to the proper and complete performance of my duties, and I am h gations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this is by reflect a change in the registered office address, I hereby confirm that the limited liability	amiliar with and accept document is being filed
to mere notified	Iv reflect a change in the registered office address. I hereby confirm that the limited liability in 1994 the change.	'y company has been
	Eack kavanaugh	
Signature	## #B\$03C2+0201# ## 11 1	