

19400004913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

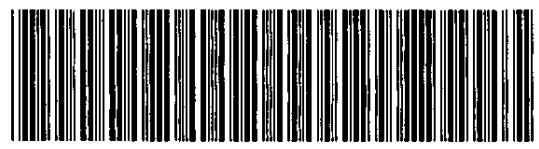
(Business Entity Name)

(Document Number)

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Chambers  
SJ  
7/6/12

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ALTERNATIVE MOTORCYCLE CLUB INC.  
Name of Corporation

DOCUMENT NUMBER: N94000004913

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES CARR  
Name of Contact Person

ALTERNATIVE MOTORCYCLE CLUB INC  
Firm/Company

12 CREPE MYRTLE STREET  
Address

LAKE PLACID, FL 33852  
City/State and Zip Code

CARR56002PMHARGMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES CARR at ( 863 ) 840-1225  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**F STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALTERNATIVE
2. The principal office address: 7170 NW TURTLEWALK  
BOCA RATON FL 33487
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 9/30/1994 Document number: N94000004913
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) RESIGNED

ANTHONY M UERNI  
7170 NW TURTLEWALK  
BOCA RATON FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ANN:

JAMES, CARR TREAS  
ALTERNATIVE MC INC

P.O. Box NOT acceptable

12 CREPE MYRTLE ST. LAKE PLACID FL 3852

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\* S. Marconi  
Signature of an officer or director

SONNY MARCONI  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

\* James W. Carr  
Signature of Registered Agent

06/24/12  
Date

If signing on behalf of an entity:

JAMES W. CARR  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)