## P06000151957

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
. PICK-UP W	/AIT MAIL					
(Business E	ntity Name)					
(Document Number)						
Certified Copies Ce	rtificates of Status					
Special Instructions to Filing Officer:						
	·					

Office Use Only



800104444488

07/05/07--01032--016 \*\*35.00

AFPRUYEL AND FILED 07 JUL -5 PH 2:41 SECRETARY OF STATE TALL AHACSSED

C. Coulliette JUL 1 2 2007

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: <u>ALPACELLI</u> INC (Name of Corporation)						
DOCUMENT NUMBER: P06000 151957						
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:						
ANA C SORBI (Name of Contact Person)						
(Name of Contact Person)						
ALPACELLI INC (Firm/Company)						
(Firm/Company)						
2617 Lineoln ST #10 (Address)						
(Address)						
HOLL YWOOD FL 33020 (City/State and Zip Code)						
(any) and any area)						
For further information concerning this matter, please call:						
ANA C CORBI at (954) 540-1329 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed is a \$35.00 check made payable to the Department of State.						

Street Address: Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the prostatement of change	ovisions of sections 607	7.0502, 617.0502, 607.1508, c poration organized under the	or 617.1508, e laws of the	Florida Statutes State of <b>FLO</b>	t, this PRIDA
		office or registered agent, or			
1. The name of the	e corporation:	PLPACE LLI	inc		
2. The principal of	ffice address: 20	617 Lincoln	1 ST	# 10	
	HOLLY	617 LINCOLV WOOD FL	334	20	
4. Date of incorpor	ration/qualification:	2   08   2006 Docum	ent number:	P06000	151957
5. The name and s Florida Departn		ent registered agent and regis	stered office (	on file with the	
	J.	INA c SOI	RB/		
	1833	S OCEAN I	DR. P	42	O7 J
		BALE FL			FILED JUL -5 PM CRETARY OF LAHASSEE.
(if changed):		registered agent (if changed			FILED FILED  7 JUL -5 PM 2: 4 I SECRETARY OF SIAIE ALLAHASSEE, FLORID
		ANA C S	ORB		2: \I :31A!E FLORIG
_	2617	ANA C S LINCOLN S Box NOT acceptable)	T # 1	0	
	HOLL YW	100B FL 3	33020	<u> </u>	
The street address as changed will be	s of its registered office e identical.	e and the street address of th	e business o	ffice of its regis	tered agent,
Such change was authorized by the	authorized by resolution board, or the corporation	on duly adopted by its board ion has been notified in writ	d of directors ing of the ch	or by an officer ange.	r so
	of an officer or director)		Printed or type	ORB/	PRESIDENT
I hereby accept th I further agree to of my duties, and document is being corporation has b	ne appointment as regi comply with the provid I am familiar with and g filed merely to reflect teen notified in writing	stered agent and agree to ac sions of all statutes relative l accept the obligation of my t a change in the registered of this change.	ct in this cap to the proper position as office addres	acity. r and complete pregistered agen ss, I hereby conf	performance t. Or, if this firm that the
fle	euch		07.0	01-07	
(Signa	ature of Registered Agent)	<del></del>	(Da	te)	
If signing on beha	alf of an entity:				
ANA C	SORBI				
(Typ	ped or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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