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Fax Server

Division of Corporations

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POS000109277

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H13000030045 3)))



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Account Number : 075410002172  
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RECEIVED  
13 FEB -7 AM 8:10  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
ALPHA EQUITY GROUP, INC.

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FEB 7 2013

T. LEWIS

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**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: ALPHA EQUITY GROUP, INC.  
 2. The principal office address: 3515 DEL PRADO BOULEVARD, #107  
CAPE CORAL, FL 33904  
 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/18/2008 Document number: P08000109277

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)

MICHAEL J. DEVITO3515 DEL PRADO BOULEVARD, #107CAPE CORAL, FL 33904

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


HF REGISTERED AGENTS, LLC1715 MONROE STREET

P.O. Box NOT acceptable

FORT MYERS, FL 33901

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.

  
 Signature of an officer or director

MICHAEL J. DEVITO, PRESIDENT  
 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.

  
 Signature of Registered Agent

2/7/13  
 Date

If signing on behalf of an entity:

ERIN E. HOUCK-TOLL, Vice President

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

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