P09000081909

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DIVISION OF CORPORATION 11 FEB 16 PM 2: 20

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COVER LETTER

TO:	Amendment Division of	t Section Corporations					
SUBJE	ECT:	Alternate Energy De	evelopment Corp. Corporation	_			
DOCU	MENT NUN	ABER: POS	9000081909	_			
The en	closed Staten	nent of Change of Registered Offi	ce/Agent and fee are submitted for	filing.			
Please return all correspondence concerning this matter to the following:							
Larry Moore							
Name of Contact Person							
	Alternate Energy Development Corp. Firm/Company						
		T IIIIV	ompany				
	1241 Bonaventure Dr.						
	Address						
Melbourne, Fl. 32940-1902							
Melbourne, Fl. 32940-1902 City/State and Zip Code							
Lewardsail@cfl.rr.com							
E-mail address: (to be used for future annual report notification)							
For fur	ther informati	ion concerning this matter, please	call:				
			054				
	Name	Larry Moore e of Contact Person	at (954) 31 Area Code & Daytime Tele	9-1048			
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	The obdo to buy time Tole	,priorio i tarrio di			
Enclose	ed is a \$35.00	check made payable to the Depa	rtment of State.				
		Mailing Address: Amendment Section	Street Address: Amendment Section				
		Division of Corporations	Amendment Section Division of Corporati	one			
		P.O. Box 6327	Clifton Building	OH3			
		Tallahassee, FL 32314	2661 Executive Center	er Circle			
			Tallahassee, FL 3230				

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

statement of cha	ange is submitted for a co	rporation organized	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Florida		
1. The name of	the corporation: Altern	ate Energy D	evelopment Corp.			
2. The principal	office address: 1241 B	onaventure Dr.				
	Melbou	ırne, Fl. 32940-	1902			
3. The mailing a	address (if different): (Sa	ame)				
4. Date of incor	poration/qualification:	10/01/2009	Document number:	P09000081909		
	d street address of the current of State: (If resigne		t and registered office on f	ile with the		
	Larry Moore			<u>.</u>		
	7410 N.W. 10 Pl.					
	Plantation, Fl. 3331	13				
6. The name and (if changed):	d street address of the nev	v registered agent (i	f changed) and /or register	SECRETARY OF CORPORATIONS 11 FEB 16 PH 2: 20 ded office		
	Larry Moore					
1241 Bonaventure Dr. P.O. Box NOT acceptable						
	P.O. Box NOT acceptable					
Melbourne, Fl. 32940-1902 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.						
			its board of directors or ed in writing of the chang			
Signature of an officer or director			LARAY Me	PORE e and title		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as regi to comply with the provi ad I am familiar with and ng filed merely to reflec s been notified in writing	stered agent and a sions of all statutes I accept the obliga t a change in the re t of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y d complete performance istered agent. Or, if this hereby confirm that the		
Sign	nature of Registered Agent		9/28/1	B 2/14/11		
If signing on be	shalf of an entity:		Dute			
T	yped or Printed Name	1 - 154 - 16a				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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