## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000228189 3)))



H130002281893ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

FILED Oct 14, 2013 08:00 AM **Secretary of State** 

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

: (850)878-5368 Fax Number

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. \*\*

	Email	Address:		 
Email Address:				
	RDAIL	ACCITESS:		

## REGISTERED AGENT CHANGE ALPHA BUILDING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

R. WHITE

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

TO:	Amendment Section Division of Corporations						
eri aris	Alpha Building Services, Inc.						
SUBJECT: Name of Corporation							
	P12000102018						
	MENT NUMBER:						
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	Norine Nagel						
	Name of Contact Person						
	NRAI Corporate Services						
	Firm/Company						
	200 West Adams Street						
	Address						
	·						
	Chicago, IL 60606						
	City/State and Zip Code						
	nnagel@nrai.com						
	E-mail address: (to be used for future annual report notification)						
For fu	ther information concerning this matter, please call:						
Norine	Nagel 800 934-2556						
	Name of Contact Person Area Code & Daytime Telephone Number						
Enclos	ed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:  Amendment Section  Street Address:  Amendment Section						
	Amendment Section Amendment Section Division of Corporations Division of Corporations						
	P.O. Box 6327 Clifton Building						
	Tallahassee, FL 32314 2661 Executive Center Circle						

Tallahassee, FL 32301

CR2E045 (03/12)

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

		17.0502, 607.1508, or 617.1508, Florida arganized under the laws of the State of	
		rorganized under the taws of the State of registered agent, or both, in the State of	·
1. The name of	the corporation: Alpha Building Scr	vices, Inc.	
	office address: 6627 Willow Park [		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/14/2012	Document number: P12000	102018
	d street address of the current regis	stered agent and registered office on file resigned)	with the
	Gwenyth G. Lance		FILED
	6627 Willow Park Drive #201		Oct 14, 2013 08:00 AM
	Naples, FL 34109		Secretary of State
6. The name an (if changed):		red agent (if changed) and /or registered (	Office
	NRAI Services, Inc.		-
	1200 South Pine Island Road		<b>-</b>
	P.O.1 Plantation, Florida 33324	Box NOT acceptable	-
The street addr	ress of its registered office and the I be identical.	street address of the business office of	its registered agent,
Such change wanthorized by t	ras authorized by resolution duly a the board, or the corporation has b	dopted by its board of directors or by a seen notified in writing of the change.	n officer so
	8	Gwenyth G. Lance, President	
•	ure of an officer or director	Printed or typed name and	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	l the appointment as registered ag to comply with the provisions of i f my duties, and I am familiar with iis document is being filed merely I that the corporation has been no	tent and agree to act in this capacity, all statutes relative to the proper and co h and accept the obligation of my positi to reflect a change in the registered off tifled in writing of this change.	omplete on as registered ice address, I
By:	Services, Inc.	10/14/2013	
Si	gnature of Registered Agent	Date	<del></del>
If signing on be	ehalf of an entity:		
Norine Nagel-A		_	
7	Typod ar Printod 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)