

P/4000096741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

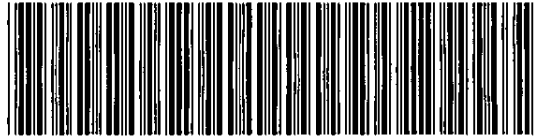
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CONSULAR AFFAIRS
15 MAY 15 AM 10:55
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FILED
15 MAY 15 AM 9:30
U.S. DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS
AT WASHINGTON, D.C.

RACH

05/18/15

R

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE 605804 8023913

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : April 27, 2015

ORDER TIME : 10:14 AM

ORDER NO. : 605804-005

CUSTOMER NO: 8023913

CHANGE OF AGENT

NAME: ALPINE TRUST
& PROPERTIES, INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

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: ALPINE TRUST & PROPERTIES, INC
2. The principal office address: 12053 SUELLEN CIRCLE
WELLINGTON, FL 33414
3. The mailing address (if different): 12053 SUELLEN CIRCLE
WELLINGTON, FL 33414
4. Date of incorporation/qualification: 12/02/2014 Document number: P14000096741
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)

Corporation Service Company

1201 Hays Street

Tallahassee

FL 32301

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

ALAIN DAMISSE

12053 SUELLEN CIRCLE

P.O. Box NOT acceptable

WELLINGTON

FL 33414

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

ALAIN DAMISSE, DIRECTOR

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.

By: 
Signature of Registered Agent

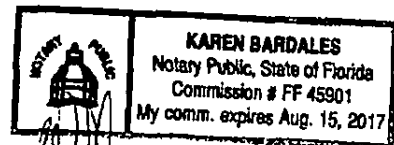
05/13/15

Date

If signing on behalf of an entity:

ALAIN DAMISSE

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)

K. Bardales 5/13/15