

**P20000039464**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
ALPS ALPINE NORTH AMERICA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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2025 JAN 29 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALPS ALPINE NORTH AMERICA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P20000039464

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:

**Alicia Richards**

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, Texas 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Alicia Richards**

Name of Contact Person

at ( 888 ) 705-7274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALPS ALPINE NORTH AMERICA, INC.
2. The principal office address: 3151 JAY ST STE 101  
SANTA CLARA, CA 95054
3. The mailing address (if different): 1500 Atlantic Blvd Auburn Hills, MI 48326-1500
4. Date of incorporation/qualification: 5/26/2020 Document number: P20000039464
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)

URS AGENTS, LLC

3458 LAKESHORE DRIVE

TALLAHASSEE

FL

32312

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

Registered Agent Solutions, Inc.

2894 Remington Green Ln. Ste. A

P.O. Box NOT acceptable

Tallahassee

FL

32308

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.

1st Jeff Boyce

Signature of an officer or director

Jeff Boyce

Printed or typed name and title

Secretary

*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.*

Mackenzie Hibler

Signature of Registered Agent

01/29/2025

Date

If signing on behalf of an entity:

Mackenzie Hibler, Assistant Secretary

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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