

P22000061789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

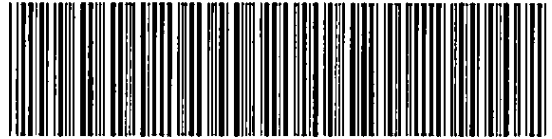
(Business Entity Name)

(Document Number)

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2024 JUL 31 PM 5:00  
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JUL 31 2024

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Alignment Kings Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P22000061789

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:

Barbara Schnepf

Name of Contact Person

Alignment Kings Inc.

Firm/Company

17100 NW 2nd Ct. Bay #4

Address

Miami Gardens, FL 33169

City/State and Zip Code

alignmentkings@gmail.com

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

For further information concerning this matter, please call:

Barbara Schnepf

at ( 754 ) 400-7445

Name of Contact Person

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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PM 5:00

**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: Alignment Kings Inc.
2. The principal office address: 17100 NW 2nd Ct. Bay #4, Miami Gardens, FL 33169
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/03/2022 Document number: P22000061789
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)

Yosef Lazerson

4700 Sheridan Street, Suite J

Hollywood, FL 33021

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

Yosef Lazerson

12555 Orange Drive

P O Box NOT acceptable

Davie, FL 33330

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.

Yosef Lazerson  
Signature of an officer or director

Yosef Lazerson  
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.*

Yosef Lazerson  
Signature of Registered Agent

07/26/2024  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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2024 JUL 31 PM 5:00  
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