

P99000059376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

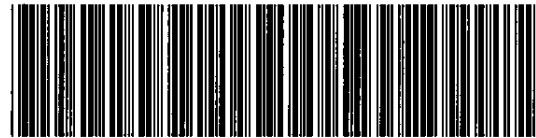
(Business Entity Name)

(Document Number)

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*CR Charge*

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06 MAY 18 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 MAY 18 AM 11:17

DEPT. TREAS. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*DR*  
*5/18/06*



CT

a Wolters Kluwer business

CT  
1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 222 7615 fax  
[www.ctlegalsolutions.com](http://www.ctlegalsolutions.com)

May 18, 2006

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 6642884 SO  
Customer Reference 1: None Given  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Alfa Ventures, Inc. (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
[Ashley.Mitchell@wolterskluwer.com](mailto:Ashley.Mitchell@wolterskluwer.com)

**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: Alfa Ventures, Inc.
2. The principal office address: 605 Palencia Club Drive, Saint Augustine, FL 32095
3. The mailing address (if different): P. O. Box 11189, Montgomery, Alabama 36111-0189

4. Date of incorporation/qualification: June 30, 1999 Document number: P99000059376

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RAX CO.

c/o McGuire, Woods, Battle & Booth

50 North Laura St., Suite 3300, Jacksonville, FL 32202

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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.

By: Angela L. Cooner  
(Signature of an officer or director)

Secretary Angela L. Cooner  
(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.

Joan Bolden  
(Signature of Registered Agent)

5/17/06  
(Date)

If signing on behalf of an entity:

JOAN BOLDEN

.. (Typed name and title) **ASSISTANT SECRETARY**

\* \* \* 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 (8/05)