

MAY 25 2012 9:08 AM
Division of Corporations

LOG000121861

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813) 223-7474
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12-14451 DRH

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

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LLC REGISTERED AGENT CHANGE
ALI SPECIALTIES, LLC

Certificate of Status	0
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MAY 29 2012

T. HAMPTON

5/25/2012

MAY. 25. 2012 9:05AM

TRENAM KEMKER

NO. 3154 P. 2

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Ali Specialties, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

3001 N. Rocky Point Dr. E, Sta 200
Tampa, FL 33607

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

3001 N. Rocky Point Dr. E, Sta 200
Tampa, FL 33607

12/23/2009

3. Date of filing/registration in Florida

L09000121861

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Tara Ross

Registered Office Address:

280 Cherry Laurel Drive
Palm Harbor, FL 34683

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

TK Registered Agent, Inc.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

101 E. Kennedy Boulevard

Suite 2700

Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Allison Carr
Signature of a member or authorized representative of a member

Allison Carr
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (05/08)

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