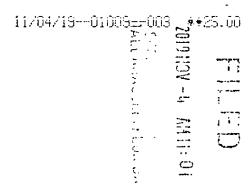
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	·				
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations							
SUBJEC	Alloy Data Services LLC	_						
	Name of Limited Liability Company							
Dear Sir	or Madam:							
The encl	osed Registered Agent/Registered Offic	ce Change and	I fee(s) are submitted for filing.					
Please re	turn all correspondence concerning this	s matter to the	e following:					
Kimber	ly Neary							
	Name of Person							
Alloy D	ata Services LLC							
	Firm/Company		<u> </u>					
321 No	orthlake Blvd Ste 209							
	Address							
North F	Palm Beach FL 33408							
	City/State and Zip Code							
alloyda	ta@gmail.com							
E-r	nail address: (to be used for future annu	ial report noti	fication)					
For furth	er information concerning this matter,	please call:						
Colby C	Saluska	860	424-1377					
•	Name of Person		Area Code & Daytime Telephone Number					
I I (2	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	egistration Section ivision of Corporations O. Box 6327 allahassee. Florida 32314					
Enclosed is a check for the following amount:								
í	■ \$25 Filing Fee	□ \$	555 Filing Fee & Certified Copy					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Alloy Data Se	rvices L	LC		
2. (a)	321 Northlake Blvd Ste 209	(b)	321 Nor	thlake Blvd Ste 2	09
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-,		Mailing address of limited (Note: MAY BE POS	
	North Palm Beach FL 33408		North Pa	alm Beach FL 334	408
	7/16/19		L190	00018310	3
3.5. (a)	Date of filing/registration in Florida Colby Galuska	4.		Document number	
J. (L)	Registered Agent and Registered Office shown on the records of to 321 Northlake Blvd Ste 209	he Florida	Dept. of State):	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		•	- 1
	North Palm Beach , FL	33408		· · · · · · · · · · · · · · · · · · ·	201911017-4
(b)	Kimberly Neary			7	-
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		
	321 Northlake Blvd Ste 209			· .	T: 0
	NEW Registered Office Address:				
	North Palm Beach, FL	33408	•		
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability con f the limi limited li	tered office mpany, it is ted liability ability con	e and the business of s hereby confirmed t y company or as othe	fice of the registered hat the change(s) erwise provided in
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	nerformo	nce of my e	duties and Lam tam	iliar with and accept

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent