## 14000061330

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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## • COVER LETTER

**TO:** Registration Section

INHS18 (2/14)

Division of Corporations				
Name of Limited Liability Company				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Person				
Name of Person				
ALLIED PREFER, LLC Firm/Company				
Firm/Company				
2970 CARGO STREET Address				
Address				
FORT MYERS, FL 33916  City/State and Zin Code				
City/State and Zip Code				
KHERSH @ ALLIEDMET. COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
KAREN HERSH at (239) 220-5095				
Name of Person Area Code & Daytime Telephone Numb				
CORRECTORALISMO ADDRECC.				
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section				
Division of Corporations  Division of Corporations  Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314				
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee & Certified Copy				

## STATEMENT 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	me of the limited liability company:ALLIE	D PRE	FER, LLC
2 (a)	2970 CARGO ST. FORT MYERS	<b>(L)</b>	34 M G
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	FLORIDA, 33916		
	10 /01 /2013  Date of filing/registration in Florida		L0000061330
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION SYSTEM  Registered Agent and Registered Office shown on the records of t	he Florida Do	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	1200 SOUTH PINE ISLAND ROA	D	
	PLANTATION ,FL	33324	+
(b)	KAREN HERSH		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	
	NEW Registered Office Address:		
	2970 CARGO STREET		<del></del>
	FORT MYERS ,FL	3391	6
the char agent w was/we the artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register bility comp f the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	wre of a member or authorized representative of a member		KAREN HERZH , CONTROLLER
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provisio the obli to mere	ny accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act in performand for in Cha pereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
	Karen Heish		
Signatur	e of Registered Agent		