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S. WARREN AUG 2 1 2017

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
ALLIED MARKETNG	ALLIED MARKETNG ASSOCIATES, LLC				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or Madam;					
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.				
Please return all correspondence conce	rning this matter to the following:				
PATRICK H WILLIS ESQ					
Name of Perso	on				
WILLIS & ODEN PL					
Firm/Compan	,				
2121 S HIAWASSEE ROAD, SU	JITE 116				
Address					
ORLANDO, FL 32835					
City/State and Zip	Code				
PWILLIS@WILLISODEN.COM					
E-mail address: (to be used for fu	ture annual report notification)				
For further information concerning this	s matter, please call:				
PATRICK H WILLIS	a1 ()				
Name of Person					
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the fo	dlowing amount:				
S25 Filing Fee	\$55 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	ame of the limited liability company: ALLIED MAR	RKETING ASOC	IATES, LLC	
2. (a)	4380 ST. JOHNS PKWY	(b) 4380 S	ST. JOHNS PKWY	
2. (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 120	SUITE	SUITE 120 SANFORD, FL 32771	
	SANFORD, FL 32771	SANFO		
	07/01/2010	L100000	070166	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	WILLIS, PATRICK H ESQ			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	aste:	
	Registered Office Address (MUST BE FLORIDA STREET) 121 S ORANGE AVE, SUITE 1500	- 		
	ORLANDO , FI	32801	AUG 21	
(b)	PATRICK H WILLIS ESQ			
	Enter name of NEW Registered Agent and/or NEW Registered			
	C/O WILLIS & ODEN PL	(0)(0)(1) (1)(1)(1) (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
	NEW Registered Office Address:		_ ,	
	2121 S HIAWASSEE ROAD, SUITE 116		_	
	ORLANDOFI	32835		
the cha agent v was/we the arti	imited liability company is not organized under the laringe or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the registered offi- ability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. WILLIS	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mer <u>i</u>	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I dip writing of this change.	ree to act in this ca performance of my ad for in Chapter 60, hereby confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent			