# L1300D119947

(Re	questor's Name)						
(Ad	dress)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nar	me)					
(Document Number)							
Certified Copies	_ Certificate:	s of Status					
Special Instructions to Filing Officer:							





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DIVISION OF CONFORATIONS

O SIMMONS OCT 25 2016

### **COVER LETTER**

TO:	Registration Section Division of Corporations		·				
SUBJ	ProjectAlly Group LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
Nanc	cy Luna						
	Name of Person						
Lega	linc Corporate Services Inc.						
	Firm/Company	,	<del></del>				
5850	Granite Parkway Suite 215						
	Address						
Pland	TX 75024						
	City/State and Zip Code						
filing	s@legalinc.com						
E	E-mail address: (to be used for future ann	iual report notif	ication)				
For fu	rther information concerning this matter,	, please call:					
Nanc	y Luna	844 at (	386-0178				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314				
Enclosed is a check for the following amount:							
	■ \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy				
INHST	8 (2/14)						

## 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: ProjectAlly G	Froup LL	.C			
2. (a)			o)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	583 CONCORD CT.		583 CO	NCORD CT.		
	THE VILLAGES, FL 32162		THE VII	LLAGES, FL 3216	62	
	08/26/2013		L130001	119947		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of Harrell, Susan L Registered Office Address (MUST BE FLORIDA STREET)			——————————————————————————————————————	<b>16 C</b>	
	583 CONCORD CT.		4		OCT 21	1 5
	THE VILLAGES, FI	32162		_	21 PI	П
(b)	Enter name of NEW Registered Agent and/or NEW Registered  Legaline Corporate Services Inc.  NEW Registered Office Address:	l Office ad	dress:	_	16 OCT 21 PM 2: 14 DIVISION OF CORPORATIONS	
	5237 SUMMERLIN COMMONS, SUITE 40	0				
	FORT MEYERS , FI	33907		_		
the cha agent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regi: iability co of the lim	stered offic ompany, it i sited liabilit	e and the business of is hereby confirmed to the company or as other	ffice of the reg that the chang	gistered e(s)
- 61	Susan Harrell	Sus	san Harre			
I here provisi the obl to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ons 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 d in writing of this change.  The of Registered Agent	ree to act perform d for in ( hereby co	in this cap ance of my Chapter 60: onfirm that	Printed or typed name of acity. I further agreduties, and I am fam 5, F.S. Or, if this document the limited liability of the liability	e to comply w	ith the accept ag filed heen

## OBJECT LEGAL INCORPORATED 5850 GRANITE PARKWAY, SUITE 215 PLANO TX 75024

TEL: 844-386-0178

FAX: 214-317-4754

EMAIL: krystal@legalinc.com

#### DOCUMENT FILING REQUEST LETTER

Date Mailed: 10/18/2016

From: Krystal Green-Johnson

To: Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ATTN: Document Filing Division

Name of Company: ProjectAlly Group LLC

Please file the attached formation documents, and return the following:

[1] Plain Copy of the filed documents

\*\*Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above\*\*

PLEASE RETURN FILED DOUCMENTS TO:
OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024