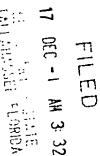


(Re	equestor's Name)	
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`	, ,	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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(Do	ocument Number	·)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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12/01/17--01010--017 **700.00





COVER LETTER

of Limited Liability Company	
e Change and fee(s) are submitted for filing.	
matter to the following:	
	
	
al report notification)	
olease call:	
+1305 3003921	
Area Code & Daytime Telephone Number	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
imount;	
S55 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.

L. Na	me of the limited liability company: ALION LLC					
2. (a)	1001 Brickell Bay Drive	(b	1001 Bi	rickell Bay Drive		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limite (Note: MAY BE POS		
	Suite 2908		Suite 29	908		
	Miami. FL 33131	-	Miami, f	-L 33131		
	12/23/2014		L140001	94830		
3.	Date of filing/registration in Florida	- 1 .		Document number	<u> </u>	
5. (a)	Amicorp Fiduciary Services LLC					
(4)	Registered Agent and Registered Office shown on the records of the 1001 Brickell Bay Drive	he Florida	Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS			₹/- =	
	Suite 2908					
	Miami, FL	33131	_	-	DEC T	
(b)	Amicorp Corporate Services LLC					1
,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	_)
	1001 Brickell Bay Drive				. 32 . 31. . 08.00 ±	
	NEW Registered Office Address:		-	_	,,	
	Suite 2908			_		
	Miami	33131				
signat was/we the arti Signat I herel provisithe oblito merenotified	imited 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 tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the unit of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper of this change.	the regis bility co f the limi limited li	tered office mpany, it is ted liability ability con	e and the business of shereby confirmed to y company or as other pany. Printed or typed name of the printed or typed name of typed name of the printed or typed name of typ	fice of the registered hat the change(s) erwise provided in	<u> </u>