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(Re	equestor's Name)					
(Address)						
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(City/State/Zip/Phone #)						
<u></u>		MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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COVER LETTER

Division of Corporations
SUBJECT: Alshate Kredit Grap LL.C. 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:
Kristopher Wainwright Name of Person
All state Kredit Group Firm/Company
4110 Sortpoint Blud. Address
TAX \$1 32216 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Knistopher Waltunish at (904) 612-4702 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
■ \$25 Filing Fee

INHS18 (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. Name of	f the limited liability company:	Allstate	Kredit C	rroup L.L.	(
2. (a) 7 t	4 15 Ave 5 JAX	bch f1 32250	6) 4110 Sout	boint Bl	d. Jax fl
	Principal office address of limited liab (Note: MUST BE STREET AL	oility company:	Mailing a	address of limited liabilit MAY BE POST OFF!	
	-zb 19 2015	·	1150.0	003355	
3.	Date of filing/registration in	Florida 4.		nent number	
	dopher Walnwright	4110 Salle	+ Blud 57	* /	
Regist	_	ORIDA STREET ADDRES.	·		
(b)	10 Soupoin- Black SAK Kristopher Walnur HHO Souto name of NEW Registered Agent and/o	157+ 13/01	216 32216 Idress:	SECRETARY OF	FILED 15 APR 27 AM
NEW	Registered Office Address:	Egent Blud		STATE FLORIDA	7:14
	J13X	, FL	216		
the change or agent will be was/were aut the articles of signature of s	liability company is not organize changes are made, the Florida so identical. Or, in the case of a Florida so identical. Or, in the case of a Florida so identical or an affirmative vote of organization or the operating a member or authorized representative of a member or authorized representative of all statutes relative to the property of my position as registered a lect a change in the registered of statutes of this claims of this claims.	street address of the regilorida limited liability of the members of the linited greement of the limited	istered office and the ompany, it is herebenited liability company. It is herebenited liability company. Printed	y confirmed that the pany or as otherwise of typed name of signer	f the registered e change(s) provided in
notified in wr	Jul	ifice address, I hereby c	onfirm that the lim	iled hability compa	ny has been
-	Division of Corpo	rations• P.O. Box 632 FILING FEE: \$25	7● Tallahassee, Fl 5.00	L 32314	