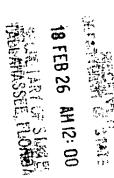
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DATE:

2/26/18

NAME: ALLFORGE LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

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.

	ame of the limited liability company: ALLFORGE I		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	.,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7989 SW Jack James Drive	7	989 SW Jack James Drive
	Stuart, FL 34997	s	tuart, FL 34997
	02/15/2016	L1	6000031260
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	.		
, (a _,	Registered Agent and Registered Office shown on the records of Shane H Allen	the Florida De	ppt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	,-·
	7989 SW Jack James Drive		₹ £:
	Stuart , FI	34997	
:* (b)			FILED B26 TA HASSEE,
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	
	Florida Filing & Search Services Inc.		STATE STATE
	NEW Registered Office Address:	···	·
	155 Office Plaza Dr., Suite A		
	Tallahassee	_32301	
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere atthorized by an affirmative vote of the members ticles of organization or the operating agreement of the lature of a member or authorized representative of a member	ws of the Sta f the register iability comp of the limite c limited liab	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 polity company. Shane H. Allen Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in e performanc ed for in Cha hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been