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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

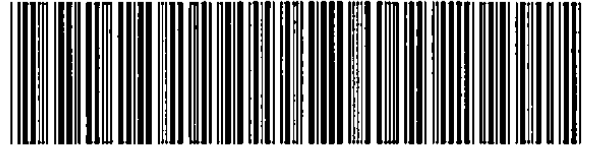
(Business Entity Name)

(Document Number)

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2019 AUG -5 PM 1:23
SECRETARY OF STATE
FALLAHASSET FIDORIO

Aug 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLISON DISTRIBUTION (FL), LLC
Name of Limited Liability Company

2003 AUG-5 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Robert J Gorman, Esq

Name of Person

Robert J Gorman & Assoc, PA

Firm/Company

1209 Delaware Ave

Address

Fort Pierce, FL 34950

City/State and Zip Code

donald.stoller@netzero.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Gorman

at (772)

465-5311

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

☐ \$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. Name of the limited liability company: Allison Distribution (FL), LLC

2. (a) 53 VIP Island (b) 5560 Old Dixie Hwy
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Unit A PO Box 33
Grant/Valkaria, FL 32949 Grant, FL 32949

2/22/2016 L16000037026

3. Date of filing/registration in Florida 4. Document number

5. (a) Donald G Stoller
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4500 S Hwy US 1
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Grant, FL 32949

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

53 VIP Island
NEW Registered Office Address:
Unit A
Grant/Valkaria, FL 32949

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Donald G Stoller
Signature of a member or authorized representative of a member

Donald G Stoller
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

2018 AUG -5 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 the limited liability company: Allison Distribution (FL), LLC

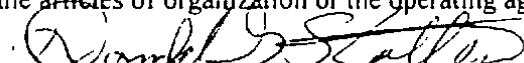
2. (a) <u>53 VIP Island</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Unit A</u> <u>Grant/Valkaria, FL 32949</u>	(b) <u>5560 Old Dixie Hwy</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>PO Box 33</u> <u>Grant, FL 32949</u>
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3. <u>2/22/2016</u> Date of filing/registration in Florida	4. <u>L16000037026</u> Document number
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5. (a) Donald G Stoller
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4500 S Hwy US 1
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Grant, FL 32949

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
53 VIP Island
NEW Registered Office Address:
Unit A
Grant/Valkaria, FL 32949

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member	<u>Donald G Stoller</u> Printed or typed name of signer
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA