## 17000236681

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 April 03, 2020 Date: **KEN HOWELL** Name:\_ 1206135 Reference #:\_\_\_\_\_ **ALLY HR X LLC** Entity Name:\_\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion ] Merger ☐ Dissolution/Withdrawal Fictitious Name Other \_\_\_\_\_ Authorized Amount: \$25.00

Signature:

## 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.

(a)	2600 W Geronimo Place, Suite 100	(b) 2600 W Geronimo Place, Suite 100			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  Chandler, AZ 85224		
	Chandler, AZ 85224	<u>CI</u>			
	12/26/2013		L17000236681		
	Date of filing/registration in Florida	4.	Document nui	nber	
. (a)	PINCKET, BRIAN				
(b)	Registered Agent and Registered Office shown on the records o	f the Florida Dep	ot, of State:		
	9016 PHILIPS HWY				
	Registered Office Address (MUST BE, FLORIDA STREET ADDRESS)				
	JACKSONVILLE , F	L_32256		20	
	COGENCY GLOBAL INC.			F   L	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	115 North Calhoun St., Suite 4				
	NEW Registered Office Address:				
	Tallahassee	լ_ 32301			
ie cha gent v as/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the Sta of the registere liability compa of the limited	ed office and the busing any, it is hereby confir liability company or a	ess office of the registered med that the change(s)	
/s/ Kara Childress		Kara Ch	Kara Childress		
Signa	ture of a member or authorized representative of a member		Printed or typed	name of signee	
rovisi ie obl i mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in t e performance led for in Chaj I hereby confi	his capacity. I further e of my duties, and I a oter 605, F.S. Or, if th rm that the limited liah	agree to comply with the n familiar with and accep is document is being filea pility company has been	
опунес					

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