## L17000236705

(Requestor's Name)				
(Address)				
(Address)				
(City)	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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2020 APR -3 AN ID: 4

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

Date: April 0	3, 2020		Account#: I20000000088
Name: KEN		_	
Reference #:	1206135		
		ALLY HR IV LLC	
		ization to Transact Busin	ess
Amendment			
✓ Change of Ager	nŧ		ISSUES? CALL
Reinstatement		KEN:	KEN:
Conversion			518-213-0738
Merger			
☐ Dissolution/With	ndrawal		
☐ Fictitious Name			
Other		<u> </u>	
Authorized Amoun	t: <b>\$25</b>	.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.

1. Na	ame of the limited liability company: <u>ALLY HR</u>	IV LLC			
2. (a)	2600 W Geronimo Place, Suite 100	(b) 2600 V	(b) 2600 W Geronimo Place, Suite 100		
2. (,	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	Chandl	er, AZ 85224		
_	11/15/2017	_	000236705		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)			_		
	Registered Agent and Registered Office shown on the records o  9016 PHILIPS HWY	f the Florida Dept. of St	ite:		
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)	_		
	JACKSONVILLE F	L_ 32256	_		
(b)	COGENCY GLOBAL INC.		~-1		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	2021 73.11		
	115 North Calhoun St., Suite 4		7020 ATC -3		
	NEW Registered Office Address:		•		
	<u> </u>				
	Tallahassee	<sub>L</sub> _32301	_		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill 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	of the registered offi- liability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
	ara Childress	Kara Childre	· · · · · · · · · · · · · · · · · · ·		
	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to act in this ca e performance of my ed for in Chapter 60 Thereby confirm tha	pacity. I further agree to comply with the adules, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
•	m Mayville				
Signatu	re of Registered Agent Tim Mayville, Assistant Sec	cretary			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00