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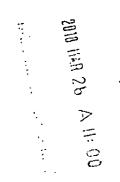
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				





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COVER LETTER

TO: Registration Section Division of Corporations		
ALO Shipping LLC		
Name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this	matter to the following:	
Luis Ponce		
Name of Person		
ALO Shipping LLC		
Firm/Company		
159 N State Rd 7		
Address		2018
Plantation FI 33317		2018 HER
City/State and Zip Code		26
luis@aloshipping.net		\triangle
E-mail address: (to be used for future annu-	Il report notification)	: 3
For further information concerning this matter, p	lease call:	_
Luis Ponce	352 3016384	
Name of Person		aytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	tions
Enclosed is a check for the following a	mount:	
2 \$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.

. Name of the limited liability company: ALO Shippi	ing LLC		
(a) 159 State Rd 7	(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)	
Plantation FL 33317			
		1800004921	
Date of filing/registration in Florida	4.	Document number	
Luis Ponce			
Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:	
159 N state rd 7			
Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		
plantation	FL 33317		
(b)		. ~~2	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office address:	2018	
Jackson Obeinn		表 第	
Joshua Obrien		. 2	
NEW Registered Office Address:		>	
		 =	
		: ao	
,	FL		
the limited liability company is not organized under the se change or changes are made, the Florida street address gent will be identical. Or, in the case of a Florida limited as/were authorized by an affirmative vote of the member at articles of organization or the operating agreement of the second control of the contr	s of the registered d liability compan rs of the limited li	office and the business office of the register by, it is hereby confirmed that the change(s) hability company or as otherwise provided in ty company.	
Signature of a member of authorized representative of a member		Printed or typed name of signee	
hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and comploie obligations of my position as registered agent as provomerely reflect a change in the registered office address of this change.	ete performance o ided for in Chapt	of my auties, and i am familiar with and acce er 605-F.S. Or. if this document is being file	
Signature of Registered Agent			