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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

то:	Registration Division of O			Centre	
4%		Allisa -	Balled	Gentle	٠.
SUBJE	:C1:			ed Liability Company	
Dear S	ir or Madam:			•	7
The en	closed Registe	ered Agent/Registered	Office Change	and fee(s) are submitted for filing.	2
Please	return all corr	espondence concernin	g this matter to		•
	Alliso	Name of Person NS Balle Firm/Company	t Centre	,	
	5657	Manatee	De W		
		Address			
P	31ades	ton, Fl	34200	9	
		City/State and Zip Cod			
<u>@</u>	-mail address:	to be used for future	annual report n	notification)	
For fur	ther informati	on concerning this ma	tter, please call:	:	
P	Allison	NoAn	مر م	41, 2018313	
	Nam	e of Person	act	Area Code & Daytime Telephone Number	
`.	Registration Division of C Clifton Build 2661 Execut	Corporations	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a	a check for the follow	ving amount:		
(\$25 Filing	Fee		\$55 Filing Fee & Certified Copy	
INHS18	t 3 (2/14)				

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 N	ame of the limited liability company: Allison Bellet Centre, Le
2. (a)	
	30 Brodunty FL 34205
3.	Date of filing/registration in Florida LIGOUILBORA Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Plonstation F FL 33324 Allison Erwin Moder
, (p)	Allison Erwin Hodon Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
16 tha l	Brodenson, FL 3/209
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. The printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been a my interest of this change. The of Registered Agent

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