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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : 119990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

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LLC REGISTERED AGENT CHANGE ALLISON AG, LLC

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H21000008628

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.

l.	Na	me of the limited liability company: Allison AG, LLC		_		
2. (a)		_	(b)	·	
	. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		N	Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3330 Lake Shore Drive			3330 Lake	Shore Drive
		Orlando, Florida 32803	_		Orlando, F	lorida 32803
		October 2, 2020		1	L200003011	32
3.		Date of filing/registration in Florida	4.	-	.	Document number
5.	(a)	Fisher, Tousey, Leas & Ball, P.A.				
J.	(a)	Registered Agent and Registered Office shown on the records of	the Flor	ida	Dept, of State	s
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021 SEL TA	
		501 Riverside Avenue, Suite 600				
(b)		Jacksonville , FL				N-7
	(h)	Charles E. Allison			SSEE	
	(5)	Enter name of NEW Registered Agent and/or NEW Registered O			ren:	9: 12
		NEW Registered Office Address:			<u></u>	
		3330 Lake Shore Drive				
		Orlando , FL	32803			
cha age was	nge nt v	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe bility of the I limited	erec cor imi d li:	d office and npany, it is ted liability ability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
-	Signature of a member or authorized representative of a member			Printed or typed name of signee		
lh pro the to n not	eret visit obli nere ified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is in writing of this change.	ee to a perfor I for in nerehy	ict i ma i Ĉi coi	in this capa nce of my a hapter 605, nfirm that t	