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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

ä ក្លុំ Email Address:_

്≒≨annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE **ALLY 1515 INVESTOR, LLC**

Enter the email address for this business entity to be used for future

Certificate of Status	0
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M. SOLOMON

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company: Ally 1515 Investor	LLC		
2. (a)	<u> </u>	(
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1211 N Westshore Blvd Suite 800		1211 N We	estshore Blvd Suite 800
	Tampa Florida 33607		Tampa Flo	rida 33607
	05/24/21		L210002429	928
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALING CORPORATE SERVICES INC.			
J. 1417	Registered Agent and Registered Office shown on the records of			
	476 RIVERSIDE AVE.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		20	
				2024 KA
	JACKSONVILLE FL	32202		27
	, I L			- 65 L
(b)	Northwest Registered Agent LLC			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	
	7901 4th St N			57
	NEW Registered Office Address:			-
	STE 300			_
	St. Petersburg FI	33702		
the charagent was/w the art Signa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the function of a member of authorized representative of a member by accept the appointment as registered agent and agreement	the regability of the limited Na	istered office company, it is mited liability liability con t Smith	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee acity. I further agree to comply with the
provis the ob- to mer notifie	ions of all statites relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	perfori d för in hereby	nance of my Chapter 602 confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Taylor Newman - Assistant S	ecretary		