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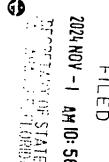
(Requestor's Name)
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COVER LETTER

	sistration Section ision of Corporations		
SUBJECT:	Allied Services Group, LLC		
		Name of Limited Lia	ability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered	Office Change and f	fee(s) are submitted for filing.
Please retur	n all correspondence concernin	g this matter to the f	ollowing:
Tyler Mamo	ne		
	Name of Person		_
Mamone Vil	lalone, PLLC		
	Firm/Company		_
100 SE 2nd	ST, STE 4030		
•	Address		_
Miami, FL 3	3131		
	City/State and Zip Co	de .	
tyler@mvlav	vplle.com		
E-mai	address: (to be used for future	annual report notific	cation)
For further i	information concerning this ma	itter. please call:	
Tyler Mamo	ne	786 at (495-8180
	Name of Person		Area Code & Daytime Telephone Numbe
Ma	iling Address:		Street Address:
Reg	gistration Section		Registration Section
	rision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
1 a l	lahassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the follow	ving amount:	
■ \$	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy

INHS18 (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)	1000 Corporate Drive	(b)	1000 Согр	porate Drive
·/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	,		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	STE 610			STE 610	
	FORT LAUDERDALE, FL 33334		_	FORT LAU	UDERDALE, FL 33334
	January 2nd, 2018				
	Date of filing/registration in Florida	4.			Document number
a)	Tyler Mamone				
(**)	Registered Agent and Registered Office shown on the records	of the Florida	ı D	ept, of State	_ e;
	Mamone Villalon				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_
	100 SE 2nd ST, STE 2000				
	Miami	33131		•	- - 6N
(b)	,	rt		· · •	- W
	Tyler Mamone				24 X
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dr	ress:	F1L 2024 NOV - 1
	Mamone Villlalon				f
	NEW Registered Office Address:		_		AM IO:
	100 SE 2nd ST, STE 4030				7. 56
	Miami	FL 33131			,, ,
ge . W we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited at the case of the member authorized by an affirmative vote of the member cles of organization or the operating agreement of the case.	the registere liability co s of the lim	d m ite	office and pany, it is ed liability	d the business office of the registered s hereby confirmed that the change(s y company or as otherwise provided
nat	ure of a member or authorized representative of a member				Printed or typed name of signee
,	by accept the appointment as registered agent and c	ioree to act	j):	n this cana	acity. I further agree to comply with luties, and I am familiar with and ac , F.S. Or, if this document is being f the limited liability company has bee

Signature of Registered Agent