## L22000333737

(Red	questor's Name)				
(Address)					
(Add	dress)				
(City	//State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
(Doc	cument Number)				
Certified Copies	Certificate	s of Status			
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LLC RAERO Change



2024 DEC 13 PEN2: 14

A. RAMSEY

DEC. 16.2024



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:_	12/09/2	024				
Name:	Chey	anne Davis	_			
Refere	ence #:	2560444	_			
Entity	Name:	ALLIED SERV	ICES GROUP, LLC			
	Articles of Incor	poration/Authorization	to Transact Business			
	Amendment					
<b>/</b>	Change of Agent					
	Reinstatement					
	Conversion					
	Merger					
	☐ Dissolution/Withdrawal					
Fictitious Name						
	Other					
Author	ized Amount:	\$25.00 _				
Signat	ure: Ohy	yma Pain				

## 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.

r ion iai				
I. Na	nme of the limited liability company:	ALLIED SE	RVICE	S GROUP, LLC
2. (a)			(b)	
	Principal office address of limited liabili (Note: MUST BE STREET ADD			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No C	nange
	July 28, 2022			L22000333737
3.	Date of filing/registration in Fl	orida 4	•	Document number
5. (a)	MAMONE VILLALON			<u></u>
	Registered Agent and Registered Office shown of	on the records of the F	lorida Dept. of	
	100 SE 2ND ST.			
	Registered Office Address (MUST BE FLO)	<u>RIDA STREET ADD</u>	<u>RESS)</u>	2000年 11
	SUITE 2000			
	MIAMI	FL_33	131	PEC 13 B
(b)	COGENCY GLOBAL INC.			MADEC 13 MIN 59
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Offi	ce address:	
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			
	Tallahassee	FL_323	301	
the cha agent v was/we	inge or changes are made, the Florida str vill be identical. Or, in the case of a Flor	eet address of the rida limited liabili he members of the	registered of ty company, a limited liab	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
/s/ A	ustin Siegel		Austin Sie	gel Authorized Person
Signa	ture of a member or authorized representative of a	member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered agely reflect a change in the registered office in writing of this change.	agent and agree to and complete perf int as provided for ce address, I here	o act in this contains of it in Chapter of the confirm the confirmation that the confirm	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed act the limited liability company has been

Signature of Registered Agent Timothy Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

/s/ Timothy Mayville