Florida Department of State

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(((H230000732193)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

LLC REGISTERED AGENT CHANGE ALLY DM, LLC

Certificate of Status	0
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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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: ALLY DM, LL	.C	
2. (a)		(b)	
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1311 N WESTSHORE BLVDSTE 200		1311 N WESTSHORE BLVDSTE 200
	TAMPA, FL 33607		TAMPA, FL 33607
	08/11/2022	L	22000354732
3.	Date of filing/registration in Florida	4.	Document number
5. (a	· · · · · · · · · · · · · · · · · · ·		
J. (n	Registered Agent and Registered Office shown on the records PHELPS DUNBAR LLP	of the Florida D	ept, of State:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	
	100 SOUTH ASHLEY DRIVESUITE 2000		
	ТАМРА	FL_33602	
			2023 FEB 24
(b)	Enter name of NEW Registered Agent and/or NEW Register		FB
	Enter name of NEW Registered Agent and/or NEW Register	red Office addr	2 TAB
	LEGALING CORPORATE SERVICES INC.		PM
	NEW Registered Office Address:	<u>-</u>	PM 12: 0
	476 Riverside Ave		. 0
	Jacksonville	FI 32202	
change agent	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited	laws of the St he registered liability com	ate of Florida, it is hereby confirmed that after the office and the business office of the registered pany, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	s of the limite ne limited liab	ed liability company or as otherwise provided in bility company.
Sign	ignature of member or authorized representative of a member		w Wright, on behalf of Andrew Wright PA Printed or typed name of signee
i here provis the ob	by accept the appointment as registered agent and a ions of all statutes relative to the proper and completing agent us provided to the proper and completing agent us provided to the proper acceptance in the registered agent us provided to the change of the change.	gree to act in le performand led for in Cho I hereby conf	this conneits. I further name to comply with the

Division of Corporations • P.O. Box 6327 • Tallabassee, FL 32314 FILING FEE: \$25.00