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(Requestor's Name)							
(Address)							
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(Cit	y/State/Zip/Phone	e #)					
PICK-UP	MAIT WAIT	MAIL					
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(Do	cument Number)						
Certified Copies	Certified Copies Certificates of Status						
Special Instructions to Filing Officer:							

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	TT: ALLIE REALTY, LL Name of Limited Lia	C ability Company	
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.	
Please re	sturn all correspondence concerning this matter to the fo	ollowing:	
	Name of Person ALLIE REALTY, LLC Firm/Company 8 SE 6 St. Apt. 190 Address MIAMI, FL 33131 City/State and Zip Code		2024 JAN 10 AM 8: 57 SECRE VIEWS SEED FITE
<u>KA</u> E-11	ELAHINUNEZ & GMAIL. com	ation)	
	er information concerning this matter, please call:		
KA	ELAH NUNEZ at (305) Name of Person	342-2146 Area Code & Daytime Telepho	
F I	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

Enclosed is a check for the following amount:

\$25 Filing Fee

Tallahassee, FL 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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.

	me of the limited liability company:ALLIE	REAL	TY,	LLC		
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)_		Mailing address o		
	MIAMI FL 33131		68	SE 6th	5+	APT. 1900
					,	33131
	10/18/2022			22000	449	427
3.	Date of filing/registration in Florida	4.		Document nui		
	Registered Agent and Registered Office shown on the records of the KAELAH NUNEZ Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2900 NE 7 ADDRESS ADDRESS FLORIDA STREET ADDRESS	DDRESS) T 29 331	o\$ 3.7		SECRETIVAY 16 STATE	2024 JAN 10 AM 8: 57
	NEW Registered Office Address:	,				
	68 SE 6th St., APT. 10	106		_		
	Miami .FL	331	31	_		
change agent w was/wei	mited liability company is not organized under the laws or changes are made, the Florida street address of the r ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	egistered of oility comp the limite	office an pany, it is d liabilit pility con	d the business of the business	office of the of the of the office of the of	ne registered he change(s)
	Kacket Keing		KAC	CAH NU	Nez	
Signati	ire of a member or authorized representative of a member			Printed or typed	name of sign	nec

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature Kactick Lieuvij