## 

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 840068 7681421

AUTHORIZATION :

COST LIMIT : \$ 25.00

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ORDER DATE: December 16, 2024

ORDER TIME : 11:52 AM

ORDER NO. : 840068-010

CUSTOMER NO: 7681421

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## CHANGE OF AGENT

NAME: ALASCC, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_

## 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. N	lame of the limited liability company: ALASCC, LL	.C		
2. (a)		(	(b)	
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability of (Note: MAY BE POST OFFICE)	company:
	1000 SAVAGE COURT #200		1000 SAVAGE COURT #200	
	LONGWOOD, FL 32750		LONGWOOD, FL 32750	
	11/10/2022		L22000481583	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	)			
J. (L	Registered Agent and Registered Office shown on the records ASSURED COMPLIANCE SERVICES, LLC	s of the Florid	da Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u></u>	
	1615 WOODWARD ST.			
	ORLANDO	. FL_32803	38	1024 DEC 18 PH 1:58
(b)			<del></del>	7/20
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office at	<del>idoress</del> : - <del>- မှ</del> ဟု	(0 P
	Corporation Service Company	ب ب ۲	77.2	
	NEW Registered Office Address:			
	1201 Hays Street			•••
	Tallahassee	_, 32301		
		. FL		
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membe ticles of organization or the operating agreement of a	the register d liability co rs of the lin	ered office and the business office of the re company, it is hereby confirmed that the ch mited liability company or as otherwise pr	gistered hange(s)
/s/	Philip K. Calandrino	Phi	nilip K. Calandrino, Authorized Person	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provi: the ol to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and complodigations of my position as registered agent as proverely reflect a change in the registered office addressed in writing of this change.	agree to ac ete perform ided for in ( , I hereby c	ct in this capacity. I further agree to comp nance of my duties, and I am familiar with Chapter 605, F.S. Or, if this document is confirm that the limited liability company	oly with the and accept being filed has been
Signal	ure of Registered Agent	GRACE E	E. KIRBY, ASST. VICE PRESIDENT	