## M01000001518

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:



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Office Use Only

APR 6 9 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: April 4, 2017

Order#: 566760-013

Re: ALLIED SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Rachel O'Hayer c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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.

, .			413
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(۱	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1320 City Center Drive, Suite 300		1320 City Center Drive, Suite 300
	Carmel, IN 46032	_	Carmel, IN 46032
	07/02/2001		M01000001518
	Date of filing/registration in Florida	4.	Document number
. (a)	CT Corporation System		
. (4)	Registered Agent and Registered Office shown on the records of	the Florid	ida Dept, of State:
	1200 South Pine Island Road		·
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	(22)
	1,1001 00 1001 00 110		
	Distriction	0000	
	Plantation , FI	_ 33324	24 6 7
			The state of the s
(b)	Corporation Service Company		<del></del>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	address:
			24 address:
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee , FI	_ 32301	01
ne cha gent v vas/we	imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regi ability co of the lin	gistered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in
/s	/ Jill Cilmi	Jil C	l Cilmi, Authorized Person
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
l herei provisi he obl	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to ac perform d for in ( hereby c	act in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept n Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
otified	d in writing of this change.		
опрес	a in writing of this change. Grace E. Kirby		