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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Altru, LLC	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Elizabeth Harker	
Name of Person	
3H Agent Services, Inc.	
Firm/Company	
36 Long Alley, 2nd Floor	
Address	
Saratoga Springs, NY 12866	
City/State and Zip Code	
sosfilings@3hcs.com	
E-mail address: (to be used for future annual repor	1 notification)
For further information concerning this matter, please ca	ill:
Elizabeth Harker at (	
name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Fiting Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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	Name of the limited liability company: Altru, LLC			
2. (a)		(b)		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of l	imited liability company: POST OFFICE BOX)
	3975 Erie Ave.	<u> </u>	60 Federal St 4th Floo	r
	Cincinnati, OH 45208	<u>H</u>	Boston, MA 02110	
	09/15/2009	<u>M</u>	09000003643	
3.	Date of filing/registration in Florida	4.	Document num	ber
5. (a	Registered Agent and Registered Office shown on the records of Paracorp Incorporated		ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	155 Office Plaza Drive 1st Floor			
	Tallahassee, F	L32301		7025
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 3H Agent Services, Inc	d Office addre	<u>:ss:</u> :	2020 NOV 25 PH 4:
	NEW Registered Office Address:	· <u>-</u>		
	1415 Panther Lane Suite 327			Ċi.
	Naples F	L <u>34109</u>		
changagent was/vithe air Sign I her provide the out to mee	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited limited by the authorized by an affirmative vote of the members rticles of organization or the operating agreement of the nature of a member or authorized representative of a member reby accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I seed in writing of this change.	e registered e iability compositive compositive dimited liabilited	office and the business of bany, it is hereby confirm d liability company or as bility company.  Natalie Logan, S  Printed or typed not this capacity. I further a confirmy duties, and I am	ffice of the registered ned that the change(s) so therwise provided in ecretary of Sole Mbr. same of signee agree to comply with the familiar with and accept