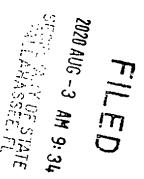
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NAME: INTERNATIONAL EXCESS ALLIANCE LLC

TYPE OF FILING: CHANGE OF AGENT

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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.

1. Na	me of the limited liability company:	NAL	EX	CESS	ALLIANCE,	LLC		
2. (a)	3700 Park East Drive	(b) 160 Federal St 4th Floor						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing address		-	
	Suite 250			Boston	n, MA 02110			
	Beachwood, OH 44122-4305	_		4			_	<u>. </u>
	01/31/2011		N	<i>/</i> 11000	0000470			
3.	Date of filing/registration in Florida	4.	_		Document n	umber		
5. (a)	CAPITOL CORPORATE SERVICES, INC.							
J. (u)	Registered Agent and Registered Office shown on the records of the	hc Flor	da	Dept. of St	ate:			
	egistered Office Address (MUST BE FLORIDA STREET ADDRESS) 515 EAST PARK AVENUE, 2ND FLOOR			<u> </u>	ω.	2		
	TALLAHASSEE , FL	3230	1			300 200 200	2020 AUG	
(b)	Paracorp Incorporated				_	A SA SA	UG -3	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office 1	<u>ıddı</u>	<u>:ess</u> :		OF SEE	AH	Ш
	155 Office Plaza Drive, 1st Floor				_	STAT	9: 34	D
	NEW Registered Office Address:					Г л	7	
		-						
	Tallahassee ,FL	3230	1_		_			
the char agent w was/we:	mited liability company is not organized under the lawing or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he reg bility (the li	iste con mit	ered offic ipany, it ed liabili	ce and the busing is hereby confident or the company or the compan	ness office irmed that t	of the re	egistered
C:	Marilly			Natalie L	_ogan / Secret			
	are of a member or authorized refresentative of a member				Printed or typed	•		
i nereo provisió the oblig to merei notified	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to ac perfori for in ereby	nan Ch con	n this cap ice of inv apter 60 firm that	pacity. I further duties, and I a los, F.S. Or, if the timited lia	er agree to im familiar his docume bility comp	comply with an nt is bei any has	with the ed accept ing filed been
Signatur	of Registered Agoni	, pa	·a	corp l	ncorporated			
	Division of Corporations • P.O. Bo FILING FE				issee, FL 3231	4		