(Requestor's Name)	
(Address)	3002628380
(Address)	3002020300
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/05/1401028-
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	RIACIO

Office Use Only



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--001 **25.00

AUG 1 4 2014

R. WHITE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Britny Yeager byeager1@cscinfo.com

Date: August 1, 2014

Order#: 240941-001

Re: ALLIANCE MANAGEMENT SERVICES 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: Britny Yeager

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.

QUCA.XCOA

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.

2. (a)	2106 Production Drive Principal office address of limite (Note: MUST BE STREE		(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Louisville, KY	40299			
	04/03/2013			M130000	002115
3.	Date of filing/registratio	n in Florida	4.		Document number
5. (a)	C T Corporation System				
. (/	Registered Agent and Registered Office	shown on the records o	f the Florida	Dept. of Stat	ee:
	1200 South Pine Island Road				
		E FLORIDA STREET	(ADDRESS)		_
	Plantation	, F	L <u>33324</u>		_
					±1
(b)	Corporation Service Company				-
	Enter name of <u>NEW Registered Agent</u>	and/or <u>NEW Registere</u>	d Office add	ress:	
					5
	1201 Hays Street				
	NEW Registered Office Address:				**************************************
	Tallahassee	P	1 22204		_
	Tallallassee	, F	L 32301		
he cha igent w was/we	nge or changes are made, the Flor vill be identical. Or, in the case of	rida street address of a Florida limited lote of the members	of the regist iability con of the limi e limited li	tered office npany, it i ted liabilit ability con	orida, it is hereby confirmed that after e and the business office of the register is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signat	ure of a member or authorized representa	tive of a member			Printed or typed name of signee
provisio he obli o mere	by accept the appointment as reginers of all statutes relative to the pigations of my position as register by reflect a change in the register in writing of this change.	stered agent and ag proper and complet red agent as provid ed office address, l	ree to act e performa ed for in C hereby co	in this cap nce of my hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and acces, F.S. Or, if this document is being file the limited liability company has been
	re of Registered Agent Corporation S	Service Company	BY: Sy	lvia Quep	opet, Assistant VP

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00