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(Re	equestor's Name)						
(Address)							
(Address)							
(Ci	ty/State/Zip/Phone	e #)					
		_					
PICK-UP	MAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to	Filing Officer:						
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Office Use Only



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07/22/15--01016---008 **25.00



JUL 2 3 2015

J SHIVERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 20, 2015

Order#: 711526-006

Re: ALG ACQUISITIONS I, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Grace Kirby 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.

1. N	Name of the limited liability company: ALG	ACQUISITI	ONS I, LI	LC			·
2 (a)) 2650 McCormick Dr		(b) 2650 McCormick Dr				
2. (4)	Principal office address of limited liability (Note: MUST BE STREET ADDRE		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Suite 200S		<u> </u>	Suite 200	S		
	Clearwater FL 33	3759		Clearwat	er	FL	33759
			_		<u>~</u>	, •	
	07/26/2013		_	M1300000	04717		
3.	Date of filing/registration in Flori	ida	4.		Document nun	nber	
5. (a	() Corporation Service Company						
	Registered Agent and Registered Office shown on t	he records of th	e Florida I	Dept. of State	· ›:		
	1201 Hays Street						
	Registered Office Address (MUST BE FLORII	DA STREET A	DDRESS)		,		
				 			
	Tallahassee	, FL_	32301			74-	•
							55
(b)				 -	i	چر در در ا	<u>ئ</u> : غ
	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered (Jince addi	<u>'ess</u> ;		AS:	22 person
	2650 McCormick Dr					- 1978 - 1988 -	Ĺ
	NEW Registered Office Address:						
	Suite 200S					08 80 80 80	6.
			••••	· · ·		Uń	ଔ
	Clearwater	FT.	33759				
If the	limited liability company is not organized u	nder the law	s of the S	state of Flo	rida, it is herel	by confirm	ed that after
	nange or changes are made, the Florida street will be identical. Or, in the case of a Florid						
was/v	vere authorized by an affirmative vote of the ticles of organization or the operating agree	members of	the limit	ed liability	company or a	s otherwis	e provided in
ine ai	ticles of organization of the operating agrees	ment of the n		•			
Sign	nature of a manber or authorized representative of a m	ember	Dona	Priebe, Au	uthorized Person		ee
-	eby accept the appointment as registered ag		a to act i	n this can	,,	0	
provis the ob to me	est accept the appointment as registered ag sions of all statutes relative to the proper an bligations of my position as registered agent rely reflect a change in the negistered office ed in writing of this change	ent und agre d complete p as provided address, I he	e to act to performa for in Cl preby cor	n this cupe nce of my d napter 605 nfirm that t	ictiv. I further luties, and I an F.S. Or, if the he limited liab	n familiar is documen ility compo	omply with the with and accept at is being filed any has been
Signat	ture of Registered Agent R. Mathan Hightower.	. Esa.					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00