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		: REGISTERED AGENT SOLUTIONS INC	10
	Account Number	: 120100000062	25
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	Fax Number	: (888)706-7274	
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LLC REGISTERED AGENT CHANGE INDUSTRIAL ALLY, LLC

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: INDUSTRIAL ALLY, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followin	ng amount:

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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.

(a)	me of the limited liability company: <u>INDUST</u> 1422 ELBRIDGE PAYNE RD SUITE Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) CHESTERFIELD, MO 63017	120	(b)	- 1472 FERRINGE PAYNE RD SUITE
	05/31/2016			M16000004365
	Date of filing/registration in Florida	4		Document number
(a)	C T CORPORATION SYSTEM			
(2)	Registered Agent and Registered Office shown on the record			
	1200 SOUTH PINE ISLAND RO			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADD	<u>RESS)</u>	. 6
	PLANTATION	FL_33	324	4
(b)	REGISTERED AGENT SOLUTIO	DNS,	INC	C. 0 C.
(0)	Enter name of NEW Registered Agent and/or NEW Regist			
	155 OFFICE PLAZA DR.	& &		
	NEW Registered Office Address: SUITE A	<u></u>		
	TALLAHASSEE	, _{FL} 32	2301	1

 the articles of organization or the operating agreement of the limited liability company.

 /s/
 Wayne Harshman

 Signature of a member or authorized representative of a member
 Wayne Harshman

 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Hockenzie Hart, Asst. Secretary

Signature of Registered Agent

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