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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscqlobal.com

Date: March 19, 2018

Order#: 122368-035

Re: ALLORA MANAGEMENT, 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: Mary Rivers

c/o Corporation Service Company

251 Little Falls Drive 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.	Na	me of the limited liability company: _ALLORA MANA	GEMEN	r, llc		
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  5118 N 56TH ST	(b)	P.O. BOX	failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  311029	
		TAMPA, FL 33610		TAMPA, F	FL 33680	
2		10/02/2017	- , -	M170000		
3.		Date of filing/registration in Florida	4.		Document number	
	(b)	Registered Agent and Registered Office shown on the records of a  MCINTYRE, RICHARD J  Registered Office Address (MUST BE FLORIDA STREET)  500 E KENNEDY BLVD SUITE 200  TAMPA , FL  Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered  1201 Hays Street	33602		FILED WO 46	
		NEW Registered Office Address:			100 <b>5</b>	
		Tallahassee , FL	32301			
the age wa	cha ent v s/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regisability confitted from the limited from the limi	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/8	6/ A	LBERTO DE ALEJO	Albe	rto De Alejo	, Authorized Person	
I h pro the to t not	erei ovisi obl nere ified	the properties of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is in writing of this change.  The of Registered Agent Corporation Service Company	performa d for in C vereby co	in this capa nce of my a hapter 605, nfirm that t	Printed or typed name of signee city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been by, Asst. Vice President	

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