

Electronic Filing Cover Sheet

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To :				~ >
	Division of Corporation	6		2018 NOV
	Fax Number : (850)6	17-6383	>	
From				. VO
	Account Name : CORPOR	ATE CREATIONS I	NTERNATIÓN	H INP
	Account Number : 110432			<u> </u>
	Phone : (561)6 Fax Number : (561)6			AMIC: 2
	Fax Number : (561)6	94-1039		<u>9 2 7</u>
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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 affice or registered agent, or both. In the State of Florida.

1. N	ame of the limited liability company: Allora Manag	jement, LLC						
2. (a)	5118 N 56TH STREET	(b) PO E	(b) PO BOX 311029					
	Principal office address of limited liability company: (Note: MUST BE STREET AODRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	TAMPA, FL 33610	TAMPA, FL 33680						
	10/02/2017	M1700	0008400					
3.	Date of filing/registration in Florida	4.	Document number					
5. (a)	CORPORATION SERVICE COMPANY							
(-,	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	late:						
	Registered Office Address (MUST BE FLORID 4 STREET)	ADDRESSI		2018 NOV 20				
	TALLAHASSEE	32301		1A 95	DA 51	• [* -		
(b)	Corporate Creations Network Inc.			Y OF STATE		m		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		107 07	5	<u> </u>		
	11380 Prosperity Farms Road #221E			X10%	AM 10: 29			
	NEW Registered Office Address							
	Palm Beach Gardens, FL	33410						
the cha agent v was/we	imited liability company is not organized under the lav inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited list ere authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	the registered off ability company, i if the limited liabi	ice and the business of t is hereby confirmed (lity company or as oth	ffice of t that the (he regis change(s	tered s)		
	Danielle Gossman, Attorney-in-Fact							
Signa	ure of a member of authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	Printed or typed name	of signed				
provisi the obl to merc	by accept the uppointment as registered agent and agr ons of all statutes relative to the proper and complete ignitions of my position as registered agent as provided by reflect a change in the registered office address. If in writing of this change.	p e rformance of m d for in Chapter 6 hereby confirm the	y duties, and Lam Jam 05, F.S. Or, if this doe at the limited liability o	าปกกา พบ	ii and o	ccepi		
Signatu	re of Register & Agent							

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00 PAGE 06/05