## M19000009248

(Requestor's Name)				
(Requestor's Name)				
(Addison)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status _				
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Special Instructions to Filing Officer:				

Office Use Only



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09/04/20--01028--008 ++25.00

18/19/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 2, 2020

Order#: 400106-028

Re: ALTO ASSET COMPANY 1, 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: Ami Casper

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.

OUCA.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	ame of the limited liability company: ALTO ASSE	T COMPANY 1,	LLC
2. (a)	5001 Plaza on the Lake, Suite 200	(b)	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Austin, TX 78746		
	09/24/2019	M1	9000009248
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	Capitol Corporate Services, Inc.		
J. (a)	Registered Agent and Registered Office shown on the record	ls of the Florida Dep	t. of State:
	515 East Park Avenue, 2nd Floor		
	Registered Office Address (MUST BE FLORIDA STRE	<del></del>	
	Tallahassee	, FL32301	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> Corporation Service Company	<del></del> ;;	
	NEW Registered Office Address:		<del></del>
	1201 Hays Street		
	Tallahassee	, FL_32301	
change agent was/w the art	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	the registered of d liability compa ers of the limited the limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/ Jill Cilmi ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	lete performance vided for in Chap s, I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
-7.	Christer		Service Company
Signati	are of Registered Agent	Ami M. Casp	er, Asst. Vice President