PU6000054253

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer;		

Office Use Only



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09/16/19--01028--004 **35.00

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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: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: September 12, 2019

Order#: 873446/112

Re: ALLOCATION SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		9502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of <u>FL</u>	
in orde	er to change its registered o	ffice or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ALLOCATI	ON SERVICES, INC.	
2. The principal	office address: 280 Wekiva	Springs Road, Suite 3050 Longwood, FL 32779	
3. The mailing a	address (if different): 220 S.	Ridgewood Ave. Daytona Beach, FL 32114	
4. Date of incor	poration/qualification: 04/1	4/2006 Document number: P06000054253	
	d street address of the current rtment of State: (If resigned	nt registered agent and registered office on file with the , enter resigned)	
	C T CORPORATION SYS	STEM	
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new r	egistered agent (if changed) and /or registered office	
	Corporation Service Comp	pany E	
	1201 Hays Street		
	Tallahassee	P.O. Box NOT acceptable FL 32301	
The street addreas changed will	ess of its registered office a be identical.	nd the street address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution ne board, or the corporation	duly adopted by its board of directors of by an officer so has been notified in writing of the change.	
Signatur	Jill Cilmi, Vice President Signature of an officer or director Printed or typed name and title		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm) the appointment as reviste	red agent and agree to act in this capacity. ns of all statutes relative to the proper and complete ar with and accept the obligation of my position as registered nerely to reflect a change in the registered office address, I ven notified in writing of this change.	
By: Yno	nature of Registered Agent	09/12/2019 Date	
	half of an entity:	· Auc	
Grace E. Kirby,	Assistant Vice President		
Ту	ped or Printed Name		

* * * FILING FEE: \$35.00 * * *

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