Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENIS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330.1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE ALLISON JAMES INC.

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Estimated Charge	\$35.00

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Help

C. GOLDEN

OCT - 6 2017

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

Fursiant to the provisions of sections 607,0502, 617 0502, 607,1508, or 617,1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: ALLISON JAMES INC.	
2. The principal office address: 630 S. ORANGE AVENUE, SUITE 102	•
SARASOTA, FL 34236	•
3. The mailing address (if different): 2888 LOKER AVENUE EAST #206	-
CARLSBAD, CA 92010	
4. Date of incorporation/qualification: 05/08/2007 Document number: P07000055569	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
BOLANOS & TRUXTON, P.A.	
12800 UNIVERSITY DRIVE, SUITE 350	
FORT MYERS, FL 33907	
	₹7 == T!:
Registered Agents Inc.	
3030 N. Rocky Point Dr. STE 150A	
P.O. Box. NOT acceptable	
Tampa FL 33607	
he street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.	
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change. Signature of an officer or director. Fruited or two pages and with	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change.	
Bee 10/05/2017	
Signature of Registered Agent Date	
signing on behalf of an entity:	
Bill Havre	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E645 (03/12)