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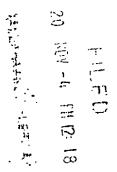
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: November 2, 2020

Order#: 494991/005

Re: ALLY HR GROUP, 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:Carissa Koetitz 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

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or register	zed under the laws	of the State o	f_FL	this	
	the corporation: ALLY HR GROUP, INC.	rea ageni, or ooth,	in ine state o	j r ioriaa.		
1. The name of	9016 PHILIPS HWY JAC	KSONVILE EL 3				
2. The principal	office address: 9016_PHILIPS_HWY, JAC	Transfer Transfer				
3. The mailing a	address (if different):					
	poration/qualification: 10/04/2010					
	d street address of the current registered ag artment of State: (If resigned, enter resigned		office on file	with the		
	CORPORATION SERVICE COMPANY	(
	1201 HAYS STREET					
·· · · ,	TALLAHASSEE	FL	32301			
6. The name an (if changed):	d street address of the new registered agen	t (if changed) and /	or registered	office		
						
	9016 PHILIPS HWY	NOT acceptable				
	JACKSONVILLE	-	32256			
	ress of its registered office and the street all be identical.					
Such change w authorized by t	vas authorized by resolution duly adopted the board, or the corporation has been not of an officer or director	by its board of direction writing of W/LL/	-			
of my duties, at document is be	t the appointment as registered agent and to comply with the provisions of all statund I am familiar with and accept the oblining filed parely to reflect a change in the seen notified in writing of this change.	l agree to act in th ites relative to the gation of my positi registered office	nis capacity. proper and c ion as registe address, I he	complete pared agent. reby confi	erformance Or, if this rm that the	
	ignature of Registered Agent		//4/ 2.0 Date) 1-4-401 0 m	
	Typed or Printed Name			7	를 '고' 당	
	* * * FILING FE		6		 	
	Make checks payable to Flo	RIDA DEPARTMEN	TOF STATE	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)