Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003493153)))



H200003493153ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| - | _      |  |
|---|--------|--|
|   | $\sim$ |  |
|   |        |  |

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (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.\*\*

| Empil | Address: |  |  |  |
|-------|----------|--|--|--|
| rmall | ADDIESS: |  |  |  |

## **REGISTERED AGENT CHANGE** ALLIANCE VAN LINES INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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

| D.F  |   | 7.0502, 607.1508, or 617.1508, Florida Statutes, this  |  |  |
|--|---|--|--|--|
| •  |   | organized under the laws of the State of Floreth   |  |  |
| in ord   | er to change its registered office or i   | registered agent, or both, in the State of Florida.  |  |  |
| 1. The name of                                       | the corporation: Alliance Van Lines   | Inc  |  |  |
| 2. The principa                                      | I office address: 2881 EAST OAKLA   | AND PARK BLVD., FORT LAUDERDALE, FL 33306  |  |  |
|  |   |  |  |  |
| 3. The mailing                                       | address (if different):   |  |  |  |
| 4. Date of incom                                     | rporation/qualification: 05/17/2018   | Document number: P18000045721  |  |  |
|  | nd street address of the current register<br>artment of State: (If resigned, enter re | ered agent and registered office on file with the esigned)   |  |  |
|  | ANTHONY SMITH   |  |  |  |
|  | 2881 EAST OAKLAND PARK BLVD.  |  |  |  |
|  | FORT LAUDERDALE, FL 33306   |  |  |  |
| 6. The name an (if changed):                         | ₽   | d agent (if changed) and /or registered office   |  |  |
|  | Registered Agents Inc.  |  |  |  |
|  | 7901 4th St N STE 300   |  |  |  |
|  |   | NOT acceptable   |  |  |
|  | St. Petersburg FL 33702   | 2  |  |  |
| The street addr<br>as changed wil                    | ress of its registered office and the s   | street address of the business office of its registered agent,   |  |  |
| Such change wanthorized by t                         | as authorized by resolution duly ad the board, or the corporation has been            | lopted by its board of directors or by an officer so en notified in writing of the change.   |  |  |
| Rill Pa  | -k  | Riley Park   |  |  |
| •  | ure of an officer or director   | Printed or typed name and title  |  |  |
| I further agrée<br>performance o<br>agent. Or, if th | to comply with the provisions of all<br>f my duties, and I am familiar with a         | nt and agree to act in this capacity.<br>I statutes relative to the proper and complete<br>and accept the obligation of my position as registered<br>o reflect a change in the registered office address, I<br>fied in writing of this change. |  |  |
| Bu H   | nen   | 10/07/2020   |  |  |
| Signature of Registered Agent                        |   | Date   |  |  |
| If signing on be                                     | ehalf of an entity:   |  |  |  |
| Bill Havre   |   |  |  |  |
| 7  | Typed or Printed Name   |  |  |  |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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