M140000054444

(Ke	equestor's Name)							
(Ad	ldress)							
(Ad	idress)							
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Bu	isiness Entity Nam	ne)						
·	·	·						
(Dc	ocument Number)							
(,							
Continue Copies	Cortificates	of Status						
Certified Copies Certificates of Status								
								
Special Instructions to	Filing Officer:							
		İ						
	_ _							

Office Use Only



500392500015



ALLAHASSEE, FLORI

RECEIVED

A. BUTLER
DEC - 7 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 176786 7143909							
AUTHORIZATION :							
COST LIMIT : \$ 25.00							
ORDER DATE: December 2, 2022							
ORDER TIME : 2:0 PM							
ORDER NO. : 176786-003							
CUSTOMER NO: 7143909							
~							
CHANGE OF AGENT							
NAME: ACCELIFY SOLUTIONS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland							
EXAMINER'S INITIALS:							

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.	Na	me of the limited liability company: ACCELIFY SOI	LUTION	S,	LLC.				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address (Note: MAY)	of limited lia	ability co	ompany:
		1400 Atwater Drive			1400 Atwa	ater Drive			
		Malvern, PA 19355			Malvem, f	PA 19355			
		07/30/2014		١	и14000005	5444			
3.		Date of tiling/registration in Florida	4.			Document nu	ımber		
5.	(a)								
	, ,	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Florio	da l	Dept. of State	- <u>:</u> :			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 S PINE ISLAND RD			-		2022 DEC	y 	
		PLANTATION	33324			-	, ·-	9- J	
((b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	- C)	AH 9: 13		
		Corporation Service Company NEW Registered Office Address:				-			
		1201 Hays Street							
				-					
		Tallahassee, FI	32301			_			
cha age was	nge nt w /we artic	mited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of organization or the operating agreement of the S/JILL CILMI	register ability co of the lin limited	red on nit lia	office and pany, it is ed liability bility com	I the business hereby confi company or	office of rmed that as otherw	the reg the ch	gistered ange(s)
Si	gnat	ure of a member or authorized representative of a member				Printed or types		gnec	
pro the to n	visio obli iere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I will have this change.	ee to ac perform d for in hereby c	t i iar Cl. ron	n this capa ice of my a apter 605, firm that t	icity. I furthe hities, and I a . F.S. Or, if ti he limited lia	r agree to m familia his docum hility com	compl r with i ent is l pany h	ly with the and accept being filed as been
Sign	natur	Times Tokuble To of Registered Agent	GRACI	E F	E. KIRBY,	ASST. VICE	E PRESID	ENT	