I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: MARK ROSEN

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :			
Title	MGRM	Title	MGR
Name	ROSEN, MARK L	Name	LUBELL, STEVEN L
Address	200 SOUTH ANDREWS AVENUE, #900	Address	200 SOUTH ANDREWS AVENUE, #900
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301

SIGNATURE:

Electronic Signature of Registered Agent Date

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Current Principal Place of Business:

200 SOUTH ANDREWS AVENUE SUITE 902 FORT LAUDERDALE, FL 33301

Current Mailing Address:

200 SOUTH ANDREWS AVENUE SUITE 902 FORT LAUDERDALE, FL 33301

FEI Number: 27-2302682

Name and Address of Current Registered Agent:

Entity Name: ANDREWS OUTSOURCE SOLUTIONS, LLC

ROSEN, MARK L 200 SOUTH ANDREWS AVENUE 900 FORT LAUDERDALE, FL 33301 US

Jun 19, 2014 Secretary of State CC2913119427

FILED

Certificate of Status Desired: No

06/19/2014