that my name appears above, or on an attachment with all other like empowered.
SIGNATURE: BRETT LIEBMAN MANAGER 04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000112779

Entity Name: GOLD LEAF SETTLEMENT SOLUTIONS LLC

Current Principal Place of Business:

18205 BISCAYNE BLVD SUITE 2221 AVENTURA, FL 33160

Current Mailing Address:

18205 BISCAYNE BLVD SUITE 2221 AVENTURA, FL 33160

FEI Number: 81-3250616

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LIEBMAN, BRETT 18205 BISCAYNE BLVD SUITE 2221 AVENTURA, FL 33160 US

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.

SIGNATURE:

Authorized Person(s) Detail : Title MGR Title MGR Name LIEBMAN, BRETT M Name MOYA, ROBERTO A 18205 BISCAYNE BLVD SUITE 2221 Address 18205 BISCAYNE BLVD SUITE 2221 Address AVENTURA FL 33160 City-State-Zip: AVENTURA FL 33160 City-State-Zip:

Date

Certificate of Status Desired: No

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

FILED Apr 30, 2019 Secretary of State 2851548229CC

Date