F11000004055

]]
(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	 MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St.	
Special Instructions to Filing Officer:	
Office Use Only	<u>; </u>



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SEP 1 4 2017

I ALBRITTON



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: September 5, 2017

Order#: 772449-164

ALTISOURCE SOLUTIONS, INC. Re:

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$35.00.

Please take the following action:

File in your office on a routine basis. Issue Proof of Filing. XX

XX

XX___ Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE | 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

		607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
		corporation organized under the laws of the State of DE	
	-	ed office or registered agent, or both, in the State of Florida.	
1. The name of the	ne corporation: ALTIS	OURCE SOLUTIONS, INC.	
2. The principal of			
1000 Aberna	thy Rd Ste 200 Atlan	a GA 30328-5604	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification:	10/10/2011 Document number: F11000004055	
	street address of the c tment of State: (If resi	current registered agent and registered office on file with the	
	C T CORPORATION	SYSTEM	
	1200 SOUTH PINE	SLAND ROAD	
	PLANTATION	FL 33324	
6. The name and (if changed):	street address of the	new registered agent (if changed) and /or registered office	الد
	Corporation Service	Company	
	1201 Hays Street	PR 1	T
		P.O. Box NOT acceptable	قر_
	Tallahassee	FL 32301	
The street addre	ess of its registered of be identical.	 fice and the street address of the business office of its registered agen 	i.
Such change wa	as authorized by resolute board, or the corpo	II ution duly adopted by its board of directors or by an officer so fation has been notified in writing of the change.	
Xie	e 2 a One		
Signatu	re of an officer or director	Printed or typed name and fille	
I further agree of performance of agent. Or, if the hereby confirm Corporatio	to comply with the pr my duties, and I am f is document is being f that the corporation in Service Compa	11	
	nature of Registered Agent	08/31/2017 Date	
·	half of an entity:		
	Asst. Vice President		
	yped or Printed Name	 	
		* * FILING FEE: \$35.00 * * *	
M	MAKE CHECK AIL TO: DIVISION OF (SPAYABLE TO FLORIDA DEPARTMENT OF STATE CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (03/12)