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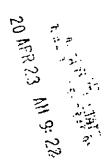
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

Meghan Groom meghan.groom@cscglobal.com From:

Date: April 21, 2020

Order#: 265722-004

Re: CUSTOMER SOLUTIONS GROUP LTD.

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$35.00.

Please take the following action:

XX \_\_ File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Meghan Groom

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.

OUCA.XCOA

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

statement of chai	nge is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of DE gistered agent, or both, in the State of Florida.	
1. The name of the	he corporation: CUSTOMER SOLU	TIONS GROUP LTD. CORP.	
2. The principal			
7009 DOCTOR	PHILLIPS BLVD SUITE 220 ORLA	ANDO, FL 32819	
3. The mailing as	ddress (if different): 6124 Tarawood	Drive ORLANDO, FL 32819	
	oration/qualification: 01/09/2013		
	street address of the current register tment of State: (If resigned, enter re-	red agent and registered office on file with the signed)	
	WATZKA, PETER J		
	6124 TARAWOOD DRIVE	To the second and for maintained offices	
	ORLANDO, FL 32819	23	
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office	
	Corporation Service Company  1201 Hays Street		
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the s be identical.	treet address of the business office of its registered agent,	
Such change wa authorized by the	is authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an officer so in notified in writing of the change.	
That ()		Peter Watzka, President	
Significa	te of an ellocer or director	Printed or typed name and utle	
I further agree to of my duties, an document is beil corporation has	ia camplu with the pravisions of all	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.	
By: $\chi$	ore Cokuble	04/21/2020	
	nature of Registered Agent \ half of an entity:	Date	
Grace E. Kirby,	Asst. Vice President yped or Printed Name		

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