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9:5	, 1		
	From:	Account Name	: LEGALINC CORPORATE SERVICES INC.
A. W.			: 120180000011
ζı.		Phone	: (844)386-0178
22		Fax Number	: (214)317-4754
NO.	•		
	ter the	email address fo	or this business entity to be used for future
72	·annua l	report mailings	or this business entity to be used for future . Enter only one email address please.**

REGISTERED AGENT CHANGE FORWARD SETTLEMENT SOLUTIONS, INC.

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

statement of cha	nge is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Florida Statutes, oration organized under the laws of the State of The fice or registered agent, or both, in the State of Florida.	this		
1. The name of t	he corporation: Forward Se	ttlement Solutions, Inc.		_	
2. The principal				-	
3. The mailing a	ddress (if different):			_	
4. Date of incorp	ooration/qualification: 05/0	Document number: F14000002000		_	
	street address of the current tment of State: (If resigned,	nt registered agent and registered office on file with the conter resigned)			
	NRAI SERVICES, INC				
	1200 SOUTH PINE ISLAN	D ROAD		2021	
	PLANTATION, FL 33324		AHAS At 13	2021 JUN 22	
6. The name and (if changed):	The name and street address of the new registered agent (if changed) and /or registered off (if changed):				
	LEGALINC CORPORATE	SERVICES INC.	B = 1	8: 16	
	5237 SUMMERLIN COMMONS BLVD. SUITE 400				
	P.O. Box. NOT acceptable				
	FORT MYERS, FL, US, 33	907			
The street address changed will	ess of its registered office a be identical.	and the street address of the business office of its registe	ered ag e n	t,	
Such change wa authorized by th	is authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an officer in has been notified in writing of the change.	so		
	John Roy	John Roy, President			
	e et ma ette etter	Frinted or typed name and title			
I further agrée t of my duties, an document is bei	o comply with the provision of Lam familiar with and a	ered agent and agree to act in this capacity. This of all statutes relative to the proper and complete peccept the obligation of my position as registered agent, change in the registered office address, I hereby confit this change.	()r 1111	775	
	700	6/16/2021			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
ANNA MANUK	YAN				
T	yped or Printed Name				

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

Make Checks payable to Florida Department of State Mail. to: Division of Corporations, P.O. Bon 6327, Tallahassee, FL 32314 cr2e045 (04/13)