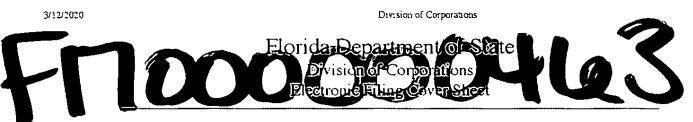
To: 18506176380 From: 12143052508 Date: 03/12/20 Time: 5:26 PM Page: 01/02



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Bmail Address:__

REGISTERED AGENT CHANGE BUSINESSOLVER.COM, INC.

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To: 18506176380 From: 12143052508 Date: 03/12/20 Time: 5:26 PM Page: 02/02 (((H200000830393)))

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statuange is submitted for a corporation organized under the laws of the State of $\frac{Dela}{Dela}$		
in orde	er to change its registered office or registered agent, or both, in the State of Floric	da.	
1. The name of	the corporation: BUSINESSOLVER.COM, INC.		
2. The principal	office address: 1025 ASHWORTH RD, STE 101 WEST DES MOINES, IA 50265	· 	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/31/2017 Document number: F1700000046	3	
	d street address of the current registered agent and registered office on file with th rtment of State: (If resigned, enter resigned)	e	
	INCORP SERVICES, INC.	: 1	63
	17888 67TH CT N	= :	₩
	LOXAHATCHEE, FL 33470) HAR 13
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		8:
	LEGALINC CORPORATE SERVICES INC.	: ::	: 52
	5237 SUMMERLIN COMMONS BLVD, SUITE 400	311	. •
	P.O Box NOT acceptable		
	FORT MYERS, FL 33907		
_	ess of its registered office and the street address of the business office of its reg l be identical.		agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an offic he board, or the corporation has been notified in writing of the change.	er so	
Minalian Signatur	Mallace Allison Wallace & Printed or typed name and title	Circlo	ny
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete all I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby costs been notified in writing of this change.		nance if this at the
Nan	1/16/2020		
Sigi	nature of Registered Agent Date		
	chalf of an entity:		
	n behalf of Legaline Corporate Services Inc.		
• • •	'yped or Printed Name * * * FILING FEE: \$35.00 * * * *		
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE		
	ail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231-	4	

CR2E045 (04/13)