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(((H19000049752 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

Email Address: documents@incorp.com

REGISTERED AGENT CHANGE SOLVE NETWORKS, INC.

0
02
\$35.00

FEB 1 4 330

CR2E045 (03/12)

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	Solve Networks, Inc.				
SOIM	Name of Corporation				
DOCI	F17000004410 MENT NUMBER:				
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Karen Gibson				
	Name of Contact Person				
	InCorp Services, Inc.				
	Firm/Company				
	3773 Howard Hughes Parkway Suite 500s				
	Address				
	Las Vegas, NV 89169-6014				
City/State and Zip Code					
	documents@incorp.com				
	E-mail address: (to be used for future annual report notification)				
For fur	ther information concerning this matter, please call:				
Caren	Gibson on behalf of InCorp Services, inc. 702 866-2500 ext. 6927				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclos	ed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

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

statement of chang	ovisions of sections 607.0502, 617.0 pe is submitted for a corporation org	anized under the laws of t	he State of _	Texas	this
	o change its registered office or regi	•	he State of Fi	lorida.	
1. The name of the	corporation. Solve Networks, Inc	· · · · · · · · · · · · · · · · · · ·			
2. The principal of	fice address: 3321 Essex Drive, F	Richardson, TX 75082			
3. The mailing add	lress (if different):		·		
4. Date of incorpo	ration/qualification: 10/02/2017	Document numbe	я: F17000 0	004410	
5. The name and s	treet address of the current registered ent of State: (If resigned, enter resig	dagent and registered offic			
_	T CORPORATION SYSTEM				
	200 SOUTH PINE ISLAND ROA	ND			
<u>F</u>	LANTATION, FL 33324				
6. The name and s (if changed):	treet address of the new registered ag	gent (if changed) and /or re	egistered offi	조 교	trip's
<u> I</u>	Corp Services, Inc.		<u> </u>	577) 102	e il periore econolità
1	7888 67th Court North		•	12	
_	P.O Box N	OT acceptable	•	10	
<u>L</u>	oxahatchee, FL 33470		·	7.7	
The street address as changed will be	of its registered office and the street identical.	et address of the business	office of its	régister	ed agen
Such change was authorized by the	authorized by resolution duly adopt board, or the corporation has been r	ed by its board of director notified in writing of the c	rs or by an o :hange.	fficer so)
1llatt	t an officer of director	Matt Dean, Attorney			
I hereby accept the I further agree to performance of my agent. Or, if this c	e appointment as registered agent a comply with the provisions of all stood duties, and I am familiar with and locument is being filed merely to reat the corporation has been notified	and agree to act in this ca dutes relative to the prop accept the obligation of Acct a change in the regi	my position i stered office	niete	tered s, i
Karen.	Az	February 1, 2019			
Signate	re of Registered Agent	Di	ate		
If signing on behal	f of an entity:	•			
	behalf of InCorp Services, Inc. For Printed Name			•	
.,	* * * FILING F	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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