

**L110001297804**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
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**LLC REGISTERED AGENT CHANGE  
IVOX SOLUTIONS, LLC**

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*4/23/19*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Ivox Solutions, LLC
2. (a) 7901 4th St N  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
SE 300  
St. Petersburg, FL 33702  
10/31/2011
- (b) 7901 4th St N  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
STE 300  
St. Petersburg, FL 33702  
L11000123804
3. 10/31/2011 Date of filing/registration in Florida
4. L11000123804 Document number
5. (a) Newton, Robert  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
580 NW University Blvd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Port St Lucie, FL 34986
- (b) Registered Agents Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4th St N  
NEW Registered Office Address:  
STE 300  
St. Petersburg, FL 33702

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Riley Park  
Signature of a member or authorized representative of a member

Riley Park  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Bill Havre Bill Havre - Assistant Secretary  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00