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: PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Phone

: (305)377-0809

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SECRETARY OF STATE

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OCT 26 2016 Y SULKER :

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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.

I. N	ame of the limited liability company:IDENTIT	Y HELPER, LLC	· /
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) 10167 W. Sunrise Blvd. , Suite 200	1016	(Nata: MAY BE POST OFFICE BOX) 7 W. Sunrise Blvd., Suite 200
	Plantation, FL 33322		etlon, FL 33323
	4/30/2012	L1200	0057847
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	Atal Bansal		
	Registered Office Address (MUST BE FLORIDA STREET 10187 W. Sunrise Blvd., Suite 200	ST ADDRESS)	
	Plantation	FL_33322	30 g
(b)	PBYA Corporate Services, LLC		725 4558
(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	
	NEW Registered Office Address:		
	200 S. Andrews Ave., Suite 600		
	Fort Lauderdale	FL 33322	_
the char agent w	mited liability company is not organized under the nge or changes are made, the Florida street address it be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member ales of organization or the operating agreement of the second control of the s	of the registered of Hisbility company, is of the limited lish he limited lisbility	ffice and the business office of the registered it is hereby confirmed that the change(s) sility company or as otherwise provided in company.
Stynes	are of a member or authorized representative of a member	Atal Ba	Printed or typed hanse of signes
	y accept the appointment as registered agent and a mis of all statutes relative to the proper and comple guilous of my position as registered agent as proving reflect a chappe in the registered rolles address, in writing of this chappe.		
	andes, Yevoli & Albright Pl., MCRM by Joson Parlman, Mgr.		

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

INH\$18 (2/14)