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| (Re | equestor's Name) | | | | | | | | |
|---|------------------|-----------|--|--|--|--|--|--|--|
| (Address) | | | | | | | | | |
| (Address) | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | | | |
| (Document Number) | | | | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | |
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Office Use Only



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SECRETARE OF STATE

J. HARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: July 25, 2016

Order#: 209290/011

Re: IMPACT OVERDRAFT SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:April Pagliassotti c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. | Na | me of the limited liability company: IMPACT OV | /ERDI | RAFTS | OLUTION | IS, LLC | |
|----|--------|--|------------------|---|------------------------------|--------------------------------|--|
| 2 | (a) | 101 NE Third Ave, Ste. 1410 | | (b) | PO Box | x 460939 | |
| ۷, | (u) . | Principal office address of limited liability company: | | Mailing address of limited liability company: | | | |
| | | (Note: MUST BE STREET ADDRESS) | | | | (Note: MAY BE POST OFFI | CE BOX) |
| | | | | | | | |
| | | Fort Lauderdale, FL 33301 | | | Fort Laur | derdale, FL 33346 | |
| | | Tott Eddderdale, TE 00001 | | | T OIL LUUC | deldale, 1 E 00040 | |
| | | 10/21/2014 | | _ | L1400016 | 34314 | |
| 3. | | Date of filing/registration in Florida | | 4. | | Document number | |
| 5. | (a) | Leonard, Christopher J | | | | - | |
| | | Registered Agent and Registered Office shown on the records | s of the | Florida l | Dept, of State | e: | |
| | | 101 NE Third Ave, Ste. 1410 | | | | . | |
| | | Registered Office Address (MUST BE FLORIDA STRE | ET AD. | DRESS) | | ⋾ ഗ == | <u>.</u> |
| | | | | | | | |
| | | | E | 20204 | · | | - 215-A |
| | | Fort Lauderdale, | , FL | 33301 | | - 103. N | O parameter of the second of t |
| | (b) | Corporation Service Company | | | | HASSIT FLORID | e II |
| | · / | Enter name of NEW Registered Agent and/or NEW Register | ered Of | ffice add | ress: | - Es | |
| | | | | | | (A) | 2 |
| | | 1201 Hays Street | | | | > - | |
| | | NEW Registered Office Address: | | | | _ | |
| | | | | | | _ | |
| | | | | | | | |
| | | Tallahassee , | , FL | 33301 | | _ | |
| Ιf | the li | mited liability company is not organized under the | laws | of the S | State of Flo | orida, it is hereby confirme | d that after |
| th | e cha | nge or changes are made, the Florida street address | s of th | e regist | ered office | e and the business office of | f the registered |
| ag | ent w | vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membe | d liabi | ility cor he limi | npany, it is ted liabilit | s hereby confirmed that the | e change(s) provided in |
| th | e arti | cles of organization or the operating agreement of | the lir | nited li | ability con | npany. | P |
| | | /s/ Michael Klein | | Mich | ael Klein, A | Authorized Person | |
| | - | ure of a member or authorized representative of a member | | | | Printed or typed name of signe | |
| I | herel | by accept the appointment as registered agent and | agree lete ne | to act | in this cape | acity. I further agree to co | omply with the |
| th | e obli | ons of all statutes relative to the proper and compligations of my position as registered agent as provity reflect a change in the registered office address | ided f | or in C | hapter 605 | 5, F.S. Or, if this document | t is being filed |
| no | tifieq | in writing of this change | , 1 1101 | coy co | iga in tital | me mmed adomy compa | ,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | Draro Cokuble | | | | | |
| Si | gnatu | re of Registered Agent Corporation Service Compan | ıy I | ЗҮ: Gr | ace E. Kii | rby, Asst. Vice President | • |
| | | | | | | | |

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