

8/24/2018

L110000147617

Division of Corporations

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 : 120090000001
Phone : (307)200-2003
Fax Number : (855)330-1010

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
RESILIENCY SOLUTIONS INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
18 AUG 24 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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How

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG 27 2018

**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: RESILIENCY SOLUTIONS INTERNATIONAL, LLC
2. (a) 729 PENN ST. (b) 2589 Hawthorne Place NE
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
WEST PALM BEACH, FL 33401 Atlanta, GA 30345

3. 08/08/2016 4. L16000147617
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

13302 WINDING OAK COURT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

A
TAMPA FL 33612

- (b) Registered Agents Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. Rocky Point Dr.
NEW Registered Office Address:
STE 150A

Tampa FL 33607

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 Riley Park
Signature of a member or authorized representative of a member Printed or typed name of signer

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 by 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

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