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		Electronic Filing Co	over Sheet					
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	To: Division of Corporations Fax Number : (850)617-6383							
	From	: Account Name : REGISTERED Account Number : 1200900000 Phone : (307)200-2 Fax Number : (855)330-2	981 2803					
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Help

AUG 1 7 2016 S. PRATHER

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.

١.	Na	me of the limited liability company: FINOP &	CFC) Soluti	ions, LLC				
2	(a)	390 MALLARD DRIVE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 390 MALLARD DRIVE					
-	(4)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		WESTON, FL 33327	-	WESTO	N, FL 33327				
		08/02/2017		L170001	64691				
3.		Date of filing/registration in Florida	4.	••••	Document number				
5	(a)	UNITED STATES CORPORATION AGENTS	S, INC.						
2. (a)		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 A	DDRESS	2		•	18		
		А					205		
		Tampa, FL_	33612) 		•	15 16		
	(b)	Registered Agents Inc.							
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	iress.			 • •		
		3030 N. Rocky Point Dr.				4	دی ج		
		NEW Registered Office Address.							
		STE 150A							
		Tampa	33607						
the ag wa the	e cha ent v (s/wo e arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the R: Lage Tack. ture of a member of authorized representative of a member	the regis bility co f the lim limited l	stered office ompany, it is sited liability	and the business o hereby confirmed y company or as oth	ffice that t terwi	of the registered he change(s) se provided in		
,)	he as me the investment a variational active and are	ao to am	in this care	wine I further aar	00.10	comply with the		
pr the to	ovisi e obi mer uffjei	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change. Bill Havre -Presidet	perform I för in (nereby c	ance of my a hapter 605 onfirm that	inties, and I am fai , F.S. Or, if this do the limited liability	niliar ocume comj	with and accept int is being filed bany has been		

Signature of Registered Agent

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