

Division of Corporations



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

From:

Account			REGISTERED AGENTS I20090000081	INC.
Phone	Number		(307)200-2803	
Fax Numb	er	:	(855)330-1010	

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Help

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.

l. Na	me of the limited liability company: <u>100RIS</u>	I-IEC	H SOLUTIONS, LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	110 E Broward Blvd Ste 1700	1	10 E Broward Blvd Ste 1700
	Fort Lauderdale, FL 33301	F	ort Lauderdale FL 33301
	11/10/17	L	17000233078
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Paul Gabriele		
J. (u/	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	1001 Brickell Bay Drive		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Suite 1400		
	MiamiFI	33131	
(b [`])	Northwest Registered Agent I	LC	2022 APR
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	S APR
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		28 28
	St. Petersburg	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 registered of organization or moperating agreement of the limited liability company.

Morgan Noble 107. Printed or typed name of signee Signature of a membra or authorized representative of a member

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 in the filed in yutility of this change.

Tom Glover - Assistant Secretary or TLOVE

Signature of Registered Agent

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