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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resolve, A Law Firm, PLLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garrett Roberts

Name of Person

Resolve, A Law Firm, PLLC

Firm/Company

1110 Palace Place

Address

Luceland, FL 33813

City/State and Zip Code

GRoberts@resolve-lawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garrett Roberts

Name of Person

at (601) 365-9289

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy