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April 13, 2016

VIA US MAIL

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: CONNECTPOINT RESOLUTION SYSTEMS LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$25.00 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

 $\wedge N \wedge M$

Respectfully.

LEANA GUZMAN

REGISTERED AGENT, SOLUTIONS, INC.

1701 Directors Blvd., Suite 300

Austin, TX 78744

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	ame of the limited liability company:	CONNECTPO	INT RE	SOLUTIC	NS SYSTEMS	S, LLC		
2. (a)	2871 N. HIGHWAY 167		(b) 2871 N. HIGHWAY 167					
()	Principal office address of limited li (Note: MUST BE STREET)		_ (-)	M	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)			
	CATOOSA, OK 74015		_	CATOOS	A, OK 74015			
	04/21/2008		- 1	M0800000	1906			
3.	Date of filing/registration in	n Florida	4.	I	Document number	•		
5. (a)	Cowan, William G							
()	Registered Agent and Registered Office sho	wn on the records of th	e Florida	Dept. of State:		<u>.</u>	19	
	5604 Spanish River Road					: 71. 1	APR	
	Registered Office Address (MUST BE F	FLORIDA STREET A	DDRESS)			1335.C	<u> </u>	
	Fort Pierce	, FL_	34951			ASSEL FLURING		t بستر
(b)	Registered Agent Solutions, Ir	nc.					0	
, ,	Enter name of NEW Registered Agent and	or NEW Registered C	Office add	ress:				
	155 Office Plaza Dr., Suite A							
	NEW Registered Office Address:							
	Tallahassee	F)	32301					
he cha igent w vas/we he arti- Signal	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a creathorized by an affirmative vote eles of organization or the operating are of a member or authorized representative by accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change.	street address of t Florida limited lial of the members of agreement of the li	he regist bility con the limi imited limited limited	cred office an appropriate the company, it is been disability ability company of the company of	and the business of hereby confirmed company or as off pany. Printed or typed name with a fourther care	of signee	the reg	istered (s) ed in

Signature of Registered Agent Adom Salchana Asst. Secretary