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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: ACCELIFY SOLU	UTION	S, LLC		
2. (a)	1400 Atwater Dr. Malvem, PA 19355	-	(b) 1400 Atwater Dr. Malvern, PA 19355		
(<i>a)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\ 		Mailing address of limited liability co (Note: MAY BE POST OFFICE)	
	07/30/2014		M14000	0002444	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	VCORP SERVICES, LLC				
J. (U)	Registered Agent and Registered Office shown on the records of a	the Flori	la Dept, of	State:	
	Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>			20 ?÷	
	5011 SOUTH STATE ROAD 7, SUITE 106			20 F	~
	DAVIE ,FL	33314		1020 FEB 2.8 ************************************	****
	C T Corporation System			•	÷
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Officen	ddress:	AM III: 35	Trace and
	NEW Registered Office Address.	•			
	1200 South Pine Island Road			_ _	
	Plantation FL	33324			
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lic ere authorized by an affirmative vote of the members of icks of organization or the operating agreement of the	the regability of the li	gistered o company mited lia	it is hereby confirmed that the ch bility company or as otherwise pro- company.	ange(s)
Sign	tive of a member of authorized representative of a member			Printed or typed name of signee	
prov is the ob to mer	by accept the appointment as registered agent and agr nons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change. Alfred Youn	e perjor ed for it hereby	ct in this mance of Chapter confirm	capacity. I further agree to comp f my duties, and I am familiar with r 605, F.S. Or, if this document is that the limited liability company i	ly with the and accept being filed has been
By://	Affect Four Assistant Secre		7		
_	Division of Corporations P.O. I		•	ahassee, FL 32314	

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