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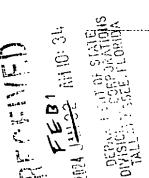
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*≭ ਜਾਂ

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## LLC REGISTERED AGENT CHANGE ACCELIFY SOLUTIONS, LLC.

Certificate of Status	0
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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. N	lame of the limited liability company:  Accelify Solution	ons, LLC					
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	Mailing addres	ss of limited lia  Y BE POST O	bility co	трапу;
	1400 ATWATER DRIVE			1400 ATWATER DRI	VE		
	MALVERN, PA 19355		_	MALVERN, PA 19355	5		
	07/30/2014		M	H4000005444			
3.	Date of filing/registration in Florida	4.		Document	number		<del></del>
5 (a	)						
(u	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	of the Flori	ida D	ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE.	SSI	<u></u>	4.5	~	
	1201 HAYS STREET				TA CEC	2024	
	TALLAHASSEE, F				ORE MASSEE.	2024 FEB - 1	
					AS:		
(b)	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						स्थान्त्री है। है
	The same of the sa	<u> </u>		192	m <sub>S</sub>	AM II: 07	
	United Agent Group Inc.				ω. 	7	
	NEW Registered Office Address:						
	801 US Highway I						
	North Palm Beach	33408 EL					
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the ne registe liability of s of the li	ered com imite	office and the busine pany, it is hereby cored liability company of	ess office of that	the regi the cha	stered nge(s)
	/s/ Tymberlyn Teefey	Ty	ymbo	rlyn Teefey, Attorney-			
-	ature of a member or authorized representative of a member			• •	ped name of sig	•	
provis the ob- to med	eby accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	le perfort led for in	man Chi	ce of my duties, and l apter 605, F.S. Or, ij	I am Jamiliai f this docum	with a ent is b	nd accept eing filed
	nberlyn Teefey Tymberlyn Teefey, Special Sec	retary					
Signat	ure of Registered Agent						