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(Requestor's Name)	T						
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(City/State/Zip/Phone #)	T						
PICK-UP WAIT MAIL							
(Business Entity Name)	+						
(Document Number)							
Certified Copies Certificates of Status	<u> </u> -						
Special Instructions to Filing Officer:							
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Office Use Only



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U5/14/19--U1U19--U17 **25.00

MAY 3 0 2019

S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 10, 2019

Order#: 733833-003

Re: ALS RESOLVION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper | c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTÈRED 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.

1. Na	ame of the limited liability company: ALS R	ESOLVIO	N, LLC			
2. (a)	1150 Lake Hearn Drive, Suite 640		(b) _			
2. (4)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		_ (5)	M	failing address of limite (Note: MAY BE POS	, , ,
	Atlanta, GA 30342					
	09/19/2014	 		11400000	6765	
3.	Date of filing/registration in Florida	1	4.	J	Document number	
5. (a)	C T Corporation System					
J. (11)	Registered Agent and Registered Office shown on the	records of th	e Florida De	pt. of State:	:	
	1200 South Pine Island Road					<u>-</u>
	Registered Office Address (MUST BE FLORIDA	STREET AL	DRFSS)			
	registered office radices 1995 F DE FEORISM	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
	Plantation	FI	33324			•
			00021			-
(b)	Corporation Service Company					
(0)	Enter name of NEW Registered Agent and/or NEW	Registered C	office addres	<u>s</u> :		<u></u> .
	1201 Hays Street					
	NEW Registered Office Address:	<u> </u>				
	Tallahassee	FL_	32301			
the cha agent v was/we	imited liability company is not organized und inge or changes are made, the Florida street a will be identical. Or, in the case of a Florida I are authorized by an affirmative vote of the m cles of organization or the operating agreeme	ddress of the imited liab embers of	ne register fility comp the limited	ed office any, it is I liability	and the business of hereby confirmed t company or as oth-	fice of the registered hat the change(s)
/s/ Ji	II Cilmi		Jill Cilm	ni, Authori	ized Person	
Signa	ture of a member or authorized representative of a mem	ber			Printed or typed name of	of signee
provisi the obl to mere notified	by accept the appointment as registered agent ons of all statutes relative to the proper and is igations of my position as registered agent as ely reflect a change in the registered office and I in writing of this change.	complete p provided dress, I hë	erformanc for in Cha reby confi	e of mv d. pter 605, rm that th	uties, and I am fam F.S. Or, if this doc he limited liability o	iliar with and accept cument is heing filed company has been
Signatu	re of Registered Agent Corporation Service Cor	mpany	BY: Ami	M. Casp	er, Asst. Vice Pre	sident