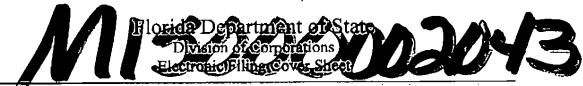
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : 120150000127 Phone : (800)567-4397

Fax Number : (800)567-4398

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

Email Address: affsupport.com

LLC REGISTERED AGENT CHANGE BACKEND RESOLVE LLC

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4/10/19

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE							
	Nan	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the	following:				
Greg	Fishman						
-	Name of Person	· · · · · · · · · · · · · · · · · · ·	_				
BACH	KEND RESOLVE LLC						
	Firm/Company		_				
1515	SOUTH FEDERAL HIGHWAY SL	JITE 113					
	Address						
вос	A RATON, FL 33432						
	City/State and Zip Code						
gfishi	man@nationallegalstaffsupport.co	m					
5	anall address: (to be used for future ann	ual report noti	fication)				
For fu	rther information concerning this matter,	please call:					
Kathy	/ Clark	800 et (567-4397				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	MAILING ADDRESS:					
	Registration Section Registration Section						
	Division of Corporations	Division of Corporations P.O. Box 6327					
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						
Enclosed is a check for the following amount:							
	2 \$25 Filing Fee	<i>O</i> 2	55 Filing Fee & Certified Copy				
INHSI	8 (2/14)						

(((H19000116083 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuoni 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. Ni	une of the limited liability company: BACKEND R	ESOL	VE ~	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing ac	ddress of limked Hability company: MAY BE POST OFFICE BOX)
	1515 South Federal Highway, Suite 113				deral Highway, Sulte 113
	Boca Raton, FL 33432	_		Boca Raton, F	L 33432
	03/18/2015		N	M15000002043	_
3.	Date of filing/registration in Florida	4,	_	Docum	ent number
5. (a)	Registered Agent and Registered Office shown on the records of ZUCKERMAN, BENJAMIN P., ESQ Registered Office Address			Oapt, of Slate;	
	2650 N. MILITARY TRAIL, SUITE 240				77 L. 15
	BOCA RATON FI	3343	1		是 第 五
(b)	Enter name of NEW Registered Agent and/or NEW Registered URS AGENTS, LLC NEW Registered Office Address; 3458 LAKESHORE DRIVE	d Office a	dd		-9 PM 10: 48
	TALLAHASSEE	3231	2		
the chagent was/w. the art for the art for the chagen for the chag	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited is one authorized by an affirmative vote of the members included of organization or the operating agreement of the attreet and agreement of the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered usent as provide rely reflect a change in the registered office address, I all in writing of this change.	f the regisability of the li	ist cor mit	ered office and the npany, it is hereby od liability company. Printed	c business office of the registere confirmed that the change(s) any or as otherwise provided in

Division of Corporations P.O. Box 6327 Tallahassec, PL 32314 FILING PEE: \$25.00