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(Re	equestor's Name)	<u> </u>								
(Address)										
(Address)										
(City/State/Zip/Phone #)										
PICK-UP	☐ WAIT	MAIL								
(Bu	siness Entity Nam	ne)								
(Document Number)										
Certified Copies	_ Certificates	of Status								
Special Instructions to Filing Officer:										
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MAY - I PH 4: 3



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 27, 2017

Order#: 618102-010

Re: INBOX RESULTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX 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
2711 Centerville Road, Suite 400

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 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.

1.	Na	me of the limited liability company: <u>INBO</u>	X RESULT	S, LLC					
2.	(a)	40 E. Main Street, #808 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Newark, DE 19711		_					
		07/25/2016			M1600000	05942			
3.		Date of filing/registration in Florid	la	4.		Document number			
5.	(a)	Corporate Creations Network, Inc.				_			
		Registered Agent and Registered Office shown on the	e records of th	ne Florida	Dept, of State	: :			
		11380 Prosperity Farms Road, #221E							
		Registered Office Address (MUST BE FLORID)	A STREET A	DDRESS)		-			
		Palm Beach Gardens	, FL_	33410			17 M		
	(b)	Corporation Service Company				32-f	Ä	77)	
,		Enter name of NEW Registered Agent and/or NEW	Registered (Office add	ress:		<u> </u>		i,
						ار الله الله الله الله الله الله الله ال	2	EC	
		1201 Hays Street				<u>F</u>	? <u>-</u>		
		NEW Registered Office Address:				RiDA	PH 4: 37		
						,			
		Tallahassee	, FL_	32301					
the age was	chaint w s/we	mited liability company is not organized uninge or changes are made, the Florida street a fill be identical. Or, in the case of a Florida re authorized by an affirmative vote of the reles of organization or the operating agreem	address of t limited lial nembers of	the regist bility con the limi	tered office npany, it is ted liability	e and the business offi is hereby confirmed that y company or as other	ce of that the c	he regis :hange(stered s)
		ena Shilvant	· · <u>· · · · · · · · · · · · · · · · · </u>	Beer	a Shilvant,	, Authorized Person			
	_	ure of a member or authorized representative of a mer				Printed or typed name of	•		
I he pro the to n noti	ereb visio obli vere ified	y accept the appointment as registered ages ons of all statutes relative to the proper and gations of my position as registered agent a ly reflect a change in the registered office a lin writing of this change.	nt and agre complete p is provided iddress, I he	te to act i performa for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	acity. I further agree duties, and I am famili , F.S. Or, if this docu the limited liability co	'o com ar wit ment i: mpany	ply with h and a s being has be	h the eccept filed en
Sign	natur	e of Registered Agent Corporation Service Co	ompany	BY: An	ni M. Casp	per, Asst. Vice Presi	dent		

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00