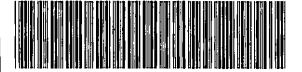
M1600008637

(Requestor's Name)
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(City/State/Zip/Phone #)
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W. 312017 RIS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Mcdow alex.mcdow@cscglobal.com

Date: July 24, 2017

Order#: 673171-045

Re: DYNAMC SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Alex Mcdow

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.

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. Nai	ne of the limited liability company:	DynAMC Solution	ons, LLC					
2 (a)	630 Third Avenue, Suite 1601		(b) 5120 W Water	rs Ave			
(u) -	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing a		s of limited liability company: **BE POST OFFICE BOX**)		
	New York, New York	10017	- -	Tampa FL 3363	4	-		
	10-28-2016		_	M16000008637				
3.	Date of filing/registration in	Florida	4.	Docum	nent number			
5. (a)	American Mortgage Consultants,	Inc.						
, ,	Registered Agent and Registered Office show	vn on the records of t	the Florida	Dept. of State:				
	Registered Office Address (MUST BE F.	LORIDA STREET A	1DDRESS	2				
	5120 W Waters Ave							
	Tampa	, FL	33634					
(b) .	Corporation Service Company			····	A.C.	2017	B Zd************************************	
	Enter name of <u>NEW Registered Agent</u> and/	or NEW Registered	Office add	dress;	<u> </u>	JUL		
	1201 Hays Street					. 26	-	
	NEW Registered Office Address:					РН		
				_ 		2: 58	·.	
	Tallahassee	, FL	32301					
the char agent w was/wei	mited liability company is not organing or changes are made, the Florida ill be identical. Or, in the case of a left authorized by an affirmative vote of organization or the operating a	street address of Florida limited lia of the members o	the regis ability co f the lim	stered office and the impany, it is hereby ited liability comp	ne business office on the confirmed that the confir	of the re ne chan	gistered ge(s)	
<u>(</u>	re of a member wauthorized representative	of a member	Chri	stina Nemeth	or typed name of sign			
I hereb provision the oblination to mere notified	y accept the appointment as register ons of all statutes relative to the propertions of my position as registered by reflect a change in the registered in writing of this change.	ed agent and agr per and complete agent as provided office address, I h			I further agree to c and I am familiar Or, if this documen ited liability compo	omply with an it is bei any has	with the d accept ng filed been	

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