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Thank you!

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. 8	dame of the limited liability company: VERIFILLC				-	
2. (a))	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
				view Parkway, Suite 450		
	ALPHARETTA, GA 30009		ALPHARE	ETTA. GA 30009		
	10/5/2017		M17000008	555		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	CORPORATION SERVICE COMPANY					
(b)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	- ::	2			
	Registered Office Address (MUST BE FLORIDA STREET 1201 HAYS STREET	-	2023 MAR	• • • • • • • • • • • • • • • • • • •		
	TALLAHASSEE , FL 32301-2525			-	8	11 0 1 -
	C T Corporation System		PM12:			
)	- - ,	.9 23 4	,		
				_		
	NEW Registered Office Address:					
	1200 South Pine Island Road	-		-		
	Plantation F	33324 L		_		
the clagent was/	Flimited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	aws of the of the regiliability confithe linger limited	stered office ompany, it is nited liability liability con	e and the business of s hereby confirmed y company or as oth npany.	office of that the	the registered change(s)
1		Tho	mas G. Field		F. d	
	nature of a member or authorized representative of a member			Printed or typed name		
provi the o to me	why accept the appointment as registered agent and agistions of all statutes relative to the proper and completed bligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	gree to ac le perform led for in (I hereby c	in this cap ance of my Chapter 60: onfirm that	acity. I further agr duties, and I am far 5, F.S. Or, if this do the limited liability	ree to comiliar w. peument reompar	mply with the ith and accept is being filed by has been
By:	CT Corporation System Shurry McGinnes					
Signa	nure of Registered Agent Sherry McGinnes, Assistant Secreta	ary				

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