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FILED

COVER LETTER

TO: Registration Section Division of Corporations								
iQor Holdings US LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this r	natter to the following:							
Janet Teague								
Name of Person	<u></u>							
Cornerstone Support, Inc.								
Firm/Company								
70 Mansell Court, Suite 250								
Address								
Roswell GA 30076								
City/State and Zip Code								
licensing@iqor.com								
E-mail address: (to be used for future annual	report notification)							
For further information concerning this matter, ple	ease call:							
Janet Teague	770 587-4595 at ()							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

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: IQor Holdings US	LLC		
2. (a)		(h)	
、	٠٠, ٠	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (6	<i></i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		200 Central Avenue, 5th Floor	_	200 Cent	ral Avenue, 5th Floor
		St. Petersburg FL 33701	_	St. Peter	sburg FL 33701
		02/09/2018		M180000	01494
3,		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			
	` •	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Stat	- o:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	Σ	-
		1200 SOUTH PINE ISLAND ROAD			_ de 6
		PLANTATION , FL	33324		- 200
(t	ъ)	Corporation Service Company			MAR 20 MI IO: 02 LEANING OF STATE LEANIN
		Enter name of NEW Registered Agent and/or NEW Registered	Office nde	dress:	Ma = C
		1201 Hays Street			FLORIO C
		NEW Registered Office Address:			9m 8
					-
		Tallahassee , FL_	32301		_
the age: was	chai nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility confither the limited l	stered offic ompany, it i ited liabili	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of signee
I he protection in the protect	ereb visio obli tere fied	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this formage.	ee to act perform for in (ereby co	in this cap ance of my Chapter 60, onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
SE	itur	e of Registered Agent Corporation Service Company	BY:	Lyr	nn Cannelongo, Assistant VP
		Ditt for a non			WTF

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