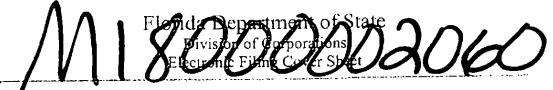
8/15/2018

Division of Corporations



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(((H180001793803)))



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(A)

## LLC REGISTERED AGENT CHANGE BROAD STREET CREDIT SOLUTIONS LLC

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## Fay Audit H18000179580 3

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

Pursuant to the provisions of sections 603.0114 or 605.0116. Florida Statutes, the indersigned limited hability company submits, the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ı. Na	me of the limited liability company Broad Sice	tel Cre	dit Solu	tions LLC
(n)	2098 W Chester Pike Ste, 102		(b)	2098 W Chester Pike Ste. 102
. (	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		``	Mailing address of hinted habitry company (Netc. MAY BE POST OFFICE BOX)
	Broomalf, Pennsylvania 19008	<u></u>		Broomall, Pennsylvania 19008
	2/26/2018		. ,	M18000002060
	Date of filing registration in Florida		1 _	Document number
(a)	NRAI SERVICES, INC.			
()	Registered Agent and Repistered Office shown on the record 1200 SOUTH PINE ISLAND ROAD	ds of the	Fiorida (	Dept of State
	Registered Office Addison (NUST BE FLORIDASTRE	FT U	ORE SSI	<b>.</b>
	PLANTATION	. FL	33324	
(b)	Business Filings Incorporated			$\bar{c}$
	1200 South Pine Island Road  NEW Registered Office Address		. <u></u>	
	Plantation	. F1.	33324	
ne cha gent W	mited liability company is not organized under the nge or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limite reauthorized by an affirmative vote of the membeles of organization or the operating agreement of	ss of th ed hab ers of	ie regist thiv con the limi mited h	ered office and the business office of the (egistered) apany, it is hereby confirmed that the change(5) ted liability company or as otherwise provided in
	tire of a member of authorized representantent a member	-		Printed or typed name of statice
l hei at ir ovisie he obli o mei a orifica	or accept the appointment as registered agent and ons of all statings relative to the proper and completions of my position as registered agent as product reflect a change in the registered affice address I in writing of this change.	dagree plete po wided sv The	t to act . wformo for in C reby co	in this capacity. I fin ther agree to comply with the nee of niv duties, and I am familian with and acceptagite 605, F.S. Or, if this document is being filed upon that the limited liability company has been
Signatu	e of Registered Agent Williams, AVP, Bu	Biness	Filings	neorporated
	Division of Corporations P. FILIN		x 6327 E: \$25.0	

INHS18 (2-14)