Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H23000098503 3)))



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Id:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number ; FCA000000023 Phone : (954)298-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

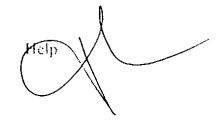
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## REGISTERED AGENT CHANGE RESOLVE EQUIPMENT, INC.

Certificate of Status	i	()
Certified Copy		1
Page Count		()2
Estimated Charge	S	43.75

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Electronic Filing Menu Corporate Filing Menu



## To:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		gistered agent, or both, in the State of Flori	
1. The name of	the corporation: RESOLVE EQUIPME	ENT, INC.	
2. The principal	office address: 1510 SE 17TH STREE	T, suite 400, FORT LAUDERDALE, FL 333	16
3. The mailing a	nddress (if different):		
4. Dateofincorp	oration/qualification: 10/12/2005	Document number: P0500013971	7
5. The name and		ed agent and registered office on file with th	
	ANDREA JANSZ		
		202	
	FORT LAUDERDALE, FL 33316		2023 HAR 15
6. The name and (ifchanged):	d street address of the new registered a	agent (if changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road		AH 9:24
	P.O Plantation, Florida 33324	Box NOT acceptable	
The street addreas changed will	ess of its registered office and the str be identical.	eet address of the business office of its reg	gistered agent.
Such change wa	as authorized by resolution duly adop ne board, or the corporation has been	oted by its board of directors or by an officential of the change.	eer so
	Jan Khall	JOE DAVIS, SECRETARY	
Signato	re of an officer or director	Printed or typed name and title	
I further agree of my duties, and document is being corporation has	s been noujted in writing of this char.	statutes relative to the proper and complet obligation of my position as registered ag a the registered office address. I hereby co	e performance ent. Or, if this mjirm that the
	nature of Registered Agent	03/09/2023	<del></del>
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	ICK, ASSISTANT SECRETARY		
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: