a Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (954)208-0845 Fax Number : (614)573-3996

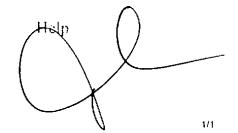
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email A	ddress:_	
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REGISTERED AGENT CHANGE RESOLVE AMERICAS HOLDINGS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu



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

statement of cha	, mge is submitted for a corporation org	1502, 607.1508 , or 617.1508 , Florida S ganized under the laws of the State of \overline{Y} istered agent, or both, in the State of F	lorida			
 The name of The principal 	the corporation: RESOLVE AMERICA office address: 3301 SE 14th Avenue, F	S HOLDINGS, INC. ORT LAUDERDALE, FL 33316				
3. The mailing a	iddress (if different):					
 Dateofincorp 	oration/qualification: 05:01/2009	Document number: P0900003	8996 			
	d street address of the current registered then to f State: (If resigned, enter resigned.	d agent and registered office on file wit gned)	h the			
	ANDREA JANSZ		202			
	3301 SE 14TH AVENUE					
	ANDREA JANSZ 3301 SE 14TH AVENUE FORT LAUDERDALE, FL 33316					
6. The name and (ifchanged):		gent (if changed) and /or registered offi	. ف			
	C T Corporation System		23			
	1200 South Pine Island Road					
	P.O. Box NO Facceptable Plantation, Florida 33324					
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its	registered agent.			
Such change wa authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an choulfied in writing of the change.				
	for the little	JOE DAVIS, SECRETARY				
Signato	re of an officer or director	Printed or typed name and title				
l further agrée of my duties, an document is bet corporation ha	s been noujied in writing of this chang	atutes relative to the proper and comp bligation of my position as registered the registered office address. I hereby	olete performance agent. Or, if this v confirm that the			
© T Corporation	i System	03/09/2023				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity:					
SEAN L. EMER	ICK, ASSISTANT SECRETARY					
j:	yped or Printed Name					
	* * * FH.ING	FEE: \$35.00 * * *				

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

By: