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| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
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SEP 29 2017 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                       |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| REFERENCE : 838301 7991742                      |  |  |  |  |  |  |  |
| AUTHORIZATION :                                 |  |  |  |  |  |  |  |
| COST LIMIT : (\$\frac{1}{2}5.00                 |  |  |  |  |  |  |  |
| ORDER DATE : September 27, 2017                 |  |  |  |  |  |  |  |
| ORDER TIME : 9:53 AM                            |  |  |  |  |  |  |  |
| ORDER NO. : 838301-005                          |  |  |  |  |  |  |  |
| CUSTOMER NO: 7991742                            |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| CHANGE OF AGENT                                 |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| NAME: POINTSOURCE, LLC                          |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |  |  |  |
| CERTIFIED COPY  XXX PLAIN STAMPED COPY          |  |  |  |  |  |  |  |
| CONTACT PERSON: Roxanne Turner EXT#             |  |  |  |  |  |  |  |

EXAMINER:

## COVER LETTER

|   | Registration Section Division of Corporations   |                                   |   |  |  |  |
|---|---|-----------------------------------|---|--|--|--|
| SUBJEC  | POINTSOURCE, LLC  |                                   |   |  |  |  |
| 5020110                                       |   | Name of Limited Liability Company |   |  |  |  |
| Dear Sir                                      | or Madam:   |                                   |   |  |  |  |
| The enclo                                     | osed Registered Agent/Registered Offi   | ice Change an                     | d fee(s) are submitted for filing.  |  |  |  |
| Please ret                                    | turn all correspondence concerning th   | is matter to the                  | e following:  |  |  |  |
| J. Mich                                       | ael Vaughn  |                                   |   |  |  |  |
|   | Name of Person  |                                   |   |  |  |  |
| Stuart k                                      | Kane LLP  |                                   |   |  |  |  |
|   | Firm/Company  |                                   | <del></del>   |  |  |  |
| 620 Ne  | wport Center Drive, Suite 200   |                                   |   |  |  |  |
|   | Address   |                                   | <del></del>   |  |  |  |
| Newpor  | rt Beach, CA 92660  |                                   |   |  |  |  |
|   | City/State and Zip Code   |                                   | <del></del>   |  |  |  |
|   | ite-affairs@globant.com   |                                   |   |  |  |  |
| E-m   | nail address: (to be used for future ann  | ual report noti                   | fication)   |  |  |  |
| For further                                   | er information concerning this matter,  | please call:                      |   |  |  |  |
| J. Micha                                      | ael Vaughn  | 949<br>at (                       | 791-5184  |  |  |  |
|   | Name of Person  |                                   | Area Code & Daytime Telephone Number  |  |  |  |
| R<br>D<br>C<br>2                              | ETREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301 | R<br>D<br>P.                      | AJLING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314 |  |  |  |
| Enclosed is a check for the following amount: |   |                                   |   |  |  |  |
| 5   | <b>2</b> \$25 Filing Fee  | <u> </u>                          | S55 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. !                           | Name of the limited liability company: POINTS  | SOURCE, LLC  |   |  |  |  |
|--------------------------------|--|--|---|--|--|--|
| 2. (a                          | 875 Howard Street, Suite 320   | <sub>(b)</sub> 875 Н   | (b) 875 Howard Street, Suite 320  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)                                   |  |  |  |
| (-                             | Principal office address of limited liability compa<br>(Note: MUST BE STREET ADDRESS)  |  |   |  |  |  |
|                                | San Francisco, CA 94103  | San F  | rancisco, CA 94103  |  |  |  |
|                                | 04/07/2004   | L04000   | 026425  |  |  |  |
| 3.                             | Date of filing/registration in Florida   | 4.   | Document number   |  |  |  |
| 5. (                           | a) HUGILL, CHRISTOPHER   |  |   |  |  |  |
|                                | Registered Agent and Registered Office shown on the reconstruction of the Registered Office Address (MUST BE FLORIDA ST. 1990 Main Street, #750  | tate:  | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~   |  |  |  |
|                                | Sarasota   | , FL 34236   |   | SED SED  |  |  |
| (t                             | Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Reg   |  | 28 AH S   |  |  |  |
|                                | NEW Registered Office Address:   |  | <del>-</del> :  | Çi)<br>‱   |  |  |
|                                | 1201 Hays Street   |  |   | -  |  |  |
|                                | Tallahassee  | , FL_32301   |   |  |  |  |
| the c<br>agen<br>was/<br>the a | e limited liability company is not organized under thange or changes are made, the Florida street addit will be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the menuticles of organization or the operating agreement | ress of the registered off<br>lited liability company, in<br>thers of the limited liability of<br>of the limited liability of<br>Patricio Pa | ice and the business office of the<br>t is hereby confirmed that the cha-<br>lity company or as otherwise pro-<br>ompany.                         | e registered<br>angc(s)                              |  |  |
| Sig                            | mature of a member of authorized representative of a member  | <del></del>  | Printed or typed name of signee   |  |  |  |
| prov<br>the o                  | reby accept the appointment as registered agent a<br>isions of all statutes relative to the proper and cor<br>obligations of my position as registered agent as p<br>erely reflect a change in the registered office addr<br>sed in writing of this change.    | mplete performance of n<br>rovided for in Chapter 6<br>ress, I hereby confirm th   | apacity. I further agree to comply duties, and I am Jamiliar with 105, F.S. Or. if this document is that the limited liability company how Turner | ly with the<br>and accept<br>being filed<br>ias heen |  |  |
| Sim                            | ature of Registered Agent  |  | e President   |  |  |  |

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