

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000009297

FILED
Oct 15, 2009
Secretary of State

Entity Name: BRIDGE TALK SOLUTIONS AMERICAS, LLC

Current Principal Place of Business:

665 NW 4TH AVENUE
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

665 NW 4TH AVENUE
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-2236632 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOYLE, SIMON
665 NW 4TH AVENUE
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

TROPICAL MANAGEMENT GROUP, LLC
665 NW 4TH AVENUE
FT. LAUDERDALE, FL 33311 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAI STADLER

10/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOYLE, SIMON
Address: 665 NW 4TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TROPICAL MANAGEMENT GROUP, LLC
Address: 665 NW 4TH AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAI STADLER

MGR

10/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date